

HEALTH ANNUAL STATEMENT

FOR THE YEAR ENDED DECEMBER 31, 2017 OF THE CONDITION AND AFFAIRS OF THE

Humana Benefit Plan of Illinois, Inc.

| NAIC Group Code | | | mpany Code | 60052 Employer's II | Number <u>37-1326199</u> |
|---|--|---|---|---|--|
| Organized under the Laws of | (Current) (| Prior) ois | , S | tate of Domicile or Port of Er | ntryIL |
| Country of Domicile | | Un | ited States o | f America | |
| Licensed as business type: | | Li | ife, Accident | & Health | |
| Is HMO Federally Qualified? Yes [] No [|] | | | | |
| Incorporated/Organized | 06/20/1994 | | | Commenced Business | 02/01/1995 |
| Statutory Home Office 4501 N | North Sterling A | ve., 2nd Floor | | | Peoria , IL, US 61615 |
| | (Street and Nu | ımber) | | (City or | Town, State, Country and Zip Code) |
| Main Administrative Office | | | 00 West Mai (Street and N | | |
| Louisville , KY (City or Town, State, Co | | 'ode) | · | | 502-580-1000 area Code) (Telephone Number) |
| , , | O. Box 740036 | , | | • | Louisville , KY, US 40201-7436 |
| | d Number or P. | | | | Town, State, Country and Zip Code) |
| Primary Location of Books and Records | | | 500 West Ma | | |
| Louisville , KY | , US 40202 | (| (Street and N | lumber) | 502-580-1000 |
| (City or Town, State, Co | ountry and Zip C | Code) | | (A | rea Code) (Telephone Number) |
| Internet Website Address | | | www.humar | a.com | |
| Statutory Statement Contact | | en Jackson (Name) | | | 502-580-2715 (Area Code) (Telephone Number) |
| DOIINQUIRIES@ | humana.com | (Name) | , | | 502-580-2099 |
| (E-mail Ac | ldress) | | | | (FAX Number) |
| President & CEO | Bruce Dale B | roussard | OFFICE | RS Sr. VP & CFO | Brian Andrew Kane |
| • | seph Christoph | | | VP & Chief Actuary | |
| | | | OTHE | R | |
| Alan James Bailey, VP & Treasur | er | Elizabeth Diar | ne Bierbower | Pres, Group Segment | Renee Jacqueline Buckingham, VP & Division Leader - Northern Division |
| John Gregory Catron, VP & Chief Complia | nce Officer | | | . Pres-Sr Products/Great I North Region | Douglas Allen Edwards, Vice President |
| Jeffrey Carl Fernandez, Seg. VP, Retail \ MarketPOINT | | | | Sr. VP & Chief Information | Heidi Suzanne Margulis, Sr. Vice President |
| Susan Lynn Mateja #, Appointed Act | tuary | Mark Matthew Ma | tzke, Seg. V | P & Pres., Small Business Group | Steven Edward McCulley, SVP, Medicare Operations |
| William Mark Preston, VP-Investment Ma | | Richard Dona | J | , VP, Group Segment | George Renaudin II, Seg. VP, Retail East & Provider Experience |
| Donald Hank Robinson, Vice Presiden Cynthia Hillebrand Zipperle, VP & Chief A | it - Tax | | | esident, Retail Segment | Ralph Martin Wilson, Vice President |
| Officer | | | | | |
| Dwine Dele Dverreevel | | | | TRUSTEES | Drive Andrew Kone |
| Bruce Dale Broussard Ross Alan Westreich | | | eal Curtis Fis mothy Alan \ | | Brian Andrew Kane Patricia Ann Laughren # |
| | | | | | |
| State of Kentucky County of Jefferson | | SS: | | | |
| all of the herein described assets were the al statement, together with related exhibits, schecondition and affairs of the said reporting entire in accordance with the NAIC Annual Statemerules or regulations require differences in respectively. Furthermore, the scope of this a | osolute property dules and explay as of the repo nt Instructions a eporting not re attestation by the | y of the said repoinations therein counting period stated and Accounting Properties to accounting edescribed office | rting entity, fintained, ann above, and actices and practices rs also include | ree and clear from any liens exed or referred to, is a full a of its income and deductions Procedures manual except to and procedures, according des the related corresponding | orting entity, and that on the reporting period stated above or claims thereon, except as herein stated, and that this and true statement of all the assets and liabilities and of the therefrom for the period ended, and have been complete to the extent that: (1) state law may differ; or, (2) that stat to the best of their information, knowledge and belie g electronic filing with the NAIC, when required, that is a be requested by various regulators in lieu of or in addition |
| Bruce Dale Broussard President & CEO | | | ph Christoph & Corporate | er Ventura # Secretary | Alan James Bailey VP & Treasurer |
| Subscribed and sworn to before me this day of | Februa | ary, 2018 | | a. Is this an original filing b. If no, 1. State the amendm 2. Date filed | ent number |
| | | | | Number of pages a | |

Michele Sizemore Notary Public January 3, 2019

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|-------------|--------------|--------------|--------------|-------------|-----------|
| Name of Debtor | 1 - 30 Days | 31 - 60 Days | 61 - 90 Days | Over 90 Days | Nonadmitted | Admitted |
| 0199999 Total individuals | 377,473 | 267,043 | 239,779 | 910,520 | 910,520 | 884,295 |
| Group Subscribers: | | | | | | |
| 0299998. Premiums due and unpaid not individually listed | 6,647,240 | 24,167 | 4,209 | 52,411 | 52,411 | 6,675,616 |
| 0299999. Total group | 6,647,240 | 24,167 | 4,209 | 52,411 | 52,411 | 6,675,616 |
| 0399999. Premiums due and unpaid from Medicare entities | 99,244 | 0 | 0 | 0 | 0 | 99,244 |
| 0499999. Premiums due and unpaid from Medicaid entities | 0 | 0 | 0 | 0 | 0 | 0 |
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| | | 201.010 | | 222 224 | 222.221 | |
| 0599999 Accident and health premiums due and unpaid (Page 2, Line 15) | 7,123,957 | 291,210 | 243,988 | 962,931 | 962,931 | 7,659,155 |

EXHIBIT 3 - HEALTH CARE RECEIVABLES

| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
|---|-------------|--------------|--------------|--------------|-------------|------------|
| Name of Debtor | 1 - 30 Days | 31 - 60 Days | 61 - 90 Days | Over 90 Days | Nonadmitted | Admitted |
| 0199998. Aggregate Pharmaceutical Rebate Receivables Not Individually Listed | 14,320,609 | 0 | 0 | 6,008 | 6,008 | 14,320,609 |
| 0199999. Total Pharmaceutical Rebate Receivables | 14,320,609 | 0 | 0 | 6,008 | 6,008 | 14,320,609 |
| 0299998. Aggregate Claim Overpayment Receivables Not Individually Listed | 4,284 | 0 | 0 | 0 | 0 | 4,284 |
| 0299999. Total Claim Overpayment Receivables | 4,284 | 0 | 0 | 0 | 0 | 4,284 |
| 0399998. Aggregate Loans and Advances to Providers Not Individually Listed | 0 | 0 | 0 | 0 | 0 | 0 |
| 0399999. Total Loans and Advances to Providers | 0 | 0 | 0 | 0 | 0 | 0 |
| 0499998. Aggregate Capitation Arrangement Receivables Not Individually Listed | 0 | 0 | 0 | 0 | 0 | 0 |
| 0499999. Total Capitation Arrangement Receivables | 0 | 0 | 0 | 0 | 0 | 0 |
| 0599998. Aggregate Risk Sharing Receivables Not Individually Listed | 0 | 0 | 0 | 0 | 0 | 0 |
| 0599999. Total Risk Sharing Receivables | 0 | 0 | 0 | 0 | 0 | 0 |
| 0699998. Aggregate Other Receivables Not Individually Listed | 0 | 0 | 0 | 0 | 0 | 0 |
| 0699999. Total Other Receivables | 0 | 0 | 0 | 0 | 0 | 0 |
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| | | | | | | |
| 0799999 Gross health care receivables | 14,324,893 | 0 | 0 | 6,008 | 6,008 | 14,324,893 |

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

| | Health Care Rece During t | eivables Collected the Year | Health Care Receivables Accrued as of December 31 of Current Year | | 5 | 6 |
|------------------------------------|------------------------------|--------------------------------|---|--------------------|-------------------------------|---------------------------------------|
| | 1 | 2 | 3 | 4 | Health Care | Estimated Health Care |
| | On Amounts Accrued | On Amounts Accrued | On Amounts Accrued December 31 of | On Amounts Accrued | Receivables in Prior Years | Receivables Accrued as of December 31 |
| Type of Health Care Receivable | Current Year | During the Year | Prior Year | During the Year | (Columns 1 + 3) | of Prior Year |
| Pharmaceutical rebate receivables | 10,919,064 | 48,822,094 | 0 | 14,326,617 | 10,919,064 | 10,919,064 |
| Claim overpayment receivables | 144 | 0 | 0 | 4,284 | 144 | 144 |
| Loans and advances to providers | 0 | 0 | 0 | 0 | 0 | 0 |
| Capitation arrangement receivables | 0 | 0 | 0 | 0 | 0 | 0 |
| 5. Risk sharing receivables | 423,799 | 0 | 0 | 0 | 423,799 | 423,799 |
| Other health care receivables | 0 | 0 | 0 | 0 | 0 | 0 |
| 7. Totals (Lines 1 through 6) | 11,343,007 | 48,822,094 | 0 | 14,330,902 | 11,343,007 | 11,343,007 |

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

| Aging Analysis of Unpaid | d Claims | | | | | |
|--|-------------|--------------|--------------|---------------|---------------|------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Account | 1 - 30 Days | 31 - 60 Days | 61 - 90 Days | 91 - 120 Days | Over 120 Days | Total |
| Claims Unpaid (Reported) | | | | | | |
| 0199999. Individually listed claims unpaid | 0 | 0 | 0 | 0 | 0 | 0 |
| 0299999. Aggregate accounts not individually listed- uncovered | 1,244,428 | 11,893 | 7,216 | 238 | 7,648 | 1,271,423 |
| 039999. Aggregate accounts not individually listed-covered | 7,869,554 | 75,212 | 45,630 | 1,508 | 48,366 | 8,040,270 |
| 049999. Subtotals | 9,113,982 | 87,105 | 52,845 | 1,747 | 56,014 | 9,311,694 |
| 0599999. Unreported claims and other claim reserves | | | <u> </u> | | | 65,397,101 |
| 0699999. Total amounts withheld | | | | | | 0 |
| 0799999. Total claims unpaid | | | | | | 74,708,795 |
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| 0899999 Accrued medical incentive pool and bonus amounts | <u> </u> | | | | | 11,084,563 |
| 0033333 Auditudu medileai medilea pool and bonds amounts | | | | | | 11,004,303 |

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

| 1 | 2 | 3 | 4 | 5 | 6 | Adm | itted |
|--|-------------|--------------|--------------|--------------|-------------|---------|-------------|
| | | | | | | 7 | 8 |
| Name of Affiliate | 1 - 30 Days | 31 - 60 Days | 61 - 90 Days | Over 90 Days | Nonadmitted | Current | Non-Current |
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| 0399999 Total gross amounts receivable | | | | | | | |

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

| EXHIBIT 0 - AMOUNTS DOE TO FAILLINT, SUBSIDIANTES AND ATTIETATES | | | | | | | | | | |
|--|---|-------------|--------------|------------------|--|--|--|--|--|--|
| 1 Affiliate | 2 Description | 3 Amount | 4 Current | 5 Non-Current | | | | | | |
| | Reimbursements from expenditure made directly by Humana Inc. for the benefit of Humana Benefit Plan of | | | | | | | | | |
| | Illinois Inc. or for the services provided by Humana Inc. for the company. The direct expenditure includes payments for medical related items, trade payables, and payroll related items. The services provided include | | | | | | | | | |
| | and are not limited to actuarial underwriting, billing enrollments, claim administration, customer services, | | | | | | | | | |
| | utilization management, prior authorization, quality management, accounting, financial analysis, legal, tax, | | | | | | | | | |
| Humana Inc | budgeting, data processing, and marketing | 2,392,103 | 2,392,103 | 0 | | | | | | |
| 0199999. Individually listed payables | 2,392,103 | 2,392,103 | 0 | | | | | | | |
| 0299999. Payables not individually listed | | 0 | 0 | 0 | | | | | | |
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| 0399999 Total gross payables | | 2,392,103 | 2.392.103 | 0 | | | | | | |

EXHIBIT 7 PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

| | 1 | 2 | 3 | 4 | 5 | 6 Column 1 |
|--|----------------|-------------------|---------|------------------|----------------------|------------------|
| | Direct Medical | Column 1 | Total | Column 3 | Column 1 | Expenses Paid to |
| | Expense | as a % | Members | as a % | Expenses Paid to | Non-Affiliated |
| Payment Method | Payment | of Total Payments | Covered | of Total Members | Affiliated Providers | Providers |
| Capitation Payments: | | | | | | |
| 1. Medical groups | | 9.5 | | 100.0 | 0 | 78,569,214 |
| 2. Intermediaries. | 0 | 0.0 | 0 | 0.0 | 0 | 0 |
| 3. All other providers | 0 | 0.0 | 0 | 0.0 | 0 | 0 |
| Total capitation payments | | 9.5 | | 100.0 | 0 | 78,569,214 |
| Other Payments: | | | | | | |
| 5. Fee-for-service | 13,625,934 | 1.6 | XXX | XXX | 0 | 13,625,934 |
| Contractual fee payments | | 88.9 | XXX | XXX | 0 | 735,668,960 |
| 7. Bonus/withhold arrangements - fee-for-service | 0 | 0.0 | XXX | XXX | 0 | 0 |
| Bonus/withhold arrangements - contractual fee payments | 0 | 0.0 | XXX | XXX | 0 | 0 |
| 9. Non-contingent salaries | 0 | 0.0 | XXX | XXX | 0 | 0 |
| 10. Aggregate cost arrangements | 0 | 0.0 | XXX | XXX | 0 | 0 |
| 11. All other payments | 0 | 0.0 | XXX | XXX | 0 | 0 |
| 12. Total other payments | 749,294,894 | 90.5 | XXX | XXX | 0 | 749,294,894 |
| 13. TOTAL (Line 4 plus Line 12) | 827,864,108 | 100% | XXX | XXX | 0 | 827,864,108 |

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

| 1 | 2 | 3 | 4 | 5 | 6 |
|----------------|----------------------|-----------------|----------------------------------|--|-------------------------------|
| NAIC Code | Name of Intermediary | Capitation Paid | Average Monthly Capitation | Intermediary's Total Adjusted Capital | Authorized Control Level BBC |
| NAIC Code | Name of Intermediary | Gapitation Faiu | Gapitation | Total Aujusteu Gapital | Control Level NBC |
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| 9999999 Totals | | | XXX | XXX | XXX |

EXHIBIT 8 - FURNITURE, EQUIPMENT AND SUPPLIES OWNED

| | 1 | 2 | 3 | 4 | 5 | 6 |
|---|-----------|--------------|-----------------------------|---------------------------------|------------------------|---------------------|
| Description | Cost | Improvements | Accumulated Depreciation | Book Value Less Encumbrances | Assets Not Admitted | Net Admitted Assets |
| Administrative furniture and equipment | 623,346 | 0 | 55,273 | 568,074 | 568,074 | 0 |
| Medical furniture, equipment and fixtures | 0 | 0 | 0 | 0 | 0 | 0 |
| Pharmaceuticals and surgical supplies | 0 | 0 | 0 | 0 | 0 | 0 |
| 4. Durable medical equipment | 0 | 0 | 0 | 0 | 0 | 0 |
| 5. Other property and equipment | 1,047,413 | 0 | 78,556 | 968,857 | 968,857 | 0 |
| 6. Total | 1,670,759 | 0 | 133,829 | 1,536,931 | 1,536,931 | 0 |



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

| | | | | | | | | (LOCATION | N) | |
|--|-------------------|--------------------|-------------------|------------------------|----------------|----------------|--|-------------------------|-----------------------|-------|
| NAIC Group Code 0119 BUSINESS | S IN THE STATE OF | | | | | DURING THE YE | | NAIC Com | npany Code | 60052 |
| | 1 | Comprehensive (Hos | spital & Medical) | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | 2,085 | 0 | 0 | 0 | 0 | 0 | 0 | 2,085 | 0 | |
| 2. First Quarter | 2,089 | 0 | 0 | 0 | 0 | 0 | 0 | 2,089 | 0 | |
| 3. Second Quarter | 2,131 | 0 | 0 | 0 | 0 | 0 | 0 | 2,131 | 0 | |
| 4. Third Quarter | 2,154 | 0 | 0 | 0 | 0 | 0 | 0 | 2,154 | 0 | |
| 5. Current Year | 2,149 | 0 | 0 | 0 | 0 | 0 | 0 | 2,149 | 0 | |
| 6. Current Year Member Months | 25,490 | 0 | 0 | 0 | 0 | 0 | 0 | 25,490 | 0 | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7 Physician | 44,164 | 0 | 0 | 0 | 0 | 0 | 0 | 44, 164 | 0 | |
| 8. Non-Physician | 21,151 | 0 | 0 | 0 | 0 | 0 | 0 | 21, 151 | 0 | |
| 9. Total | 65,315 | 0 | 0 | 0 | 0 | 0 | 0 | 65,315 | 0 | |
| 10. Hospital Patient Days Incurred | 6,230 | 0 | 0 | 0 | 0 | 0 | 0 | 6,230 | 0 | |
| 11. Number of Inpatient Admissions | 584 | 0 | 0 | 0 | 0 | 0 | 0 | 584 | 0 | |
| 12. Health Premiums Written (b) | 22,248,573 | 0 | 0 | 0 | 0 | 0 | 0 | 22,248,573 | 0 | |
| 13. Life Premiums Direct | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 14. Property/Casualty Premiums Written | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 15. Health Premiums Earned | 22,248,573 | 0 | 0 | 0 | 0 | 0 | 0 | 22,248,573 | 0 | |
| 16. Property/Casualty Premiums Earned | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 17. Amount Paid for Provision of Health Care Services | 20 , 058 , 107 | 0 | 0 | 0 | 0 | 0 | 0 | 20 , 058 , 107 | 0 | |
| 18 Amount Incurred for Provision of Health Care Services | 20,474,969 | 0 | 0 | 0 | 0 | 0 | 0 | 20,474,969 | 0 | |

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



| REPORT FOR: 1. CORPORATION | | | | | 2. | | | | | |
|--|----------|---------------------------|-----------------------|------------------------|----------------|----------------|--|-------------------------|-----------------------|--------------|
| | | | | | | | | (LOCATIO | ON) | |
| NAIC Group Code BUSIN | | SS IN THE STATE OF Alaska | | | | DURING THE ' | | Company Code | | |
| | 1 | Comprehensive (| Hospital & Medical) 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | | _ | 3 | | | | | | | 1 |
| | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other |
| Total Members at end of: | 1000 | marrada. | G. 54p | Supplement | Jy | 3, | Treatur Berreit, Tan | moulouio | modicala | |
| 1. Prior Year | | | - | <u></u> | | | | | | <u> </u> |
| 2. First Quarter | | | | | | | | | | <u> </u> |
| Second Quarter | | | | <u> </u> | | | | | | <u> </u> |
| 4. Third Quarter | | | | | | | | | | <u> </u> |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | 71 | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7 Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | - | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | <u> </u> |
| Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18 Amount Incurred for Provision of Health Care Services | s | | | | | | | | | |

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



| REPORT FOR: 1. CORPORATION | | | | | 2. | | | | | |
|--|-----------------------|-----------------|----------------------|------------------------|----------------|----------------|--|-------------------------|-----------------------|-------|
| | | | | | | | | (LOCATIO | N) | |
| NAIC Group Code | BUSINESS IN THE STATE | | | _ | | DURING THE | | | mpany Code | |
| | 1 | Comprehensive (| (Hospital & Medical) | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | | | | | | | | | | |
| | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other |
| Total Members at end of: | | | | | - 7 | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | Æ | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7 Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care S | ervices | | | | | | | | | |
| 18 Amount Incurred for Provision of Health Ca | re Services | | | | | | | | | |

⁽a) For health business: number of persons insured under PPO managed care products

^{......} and number of persons insured under indemnity only products

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



| REPORT FOR: 1. CORPORATION | | | | | | 2. | | | | | |
|---|--------------------|----------------|-----------------|----------------------|------------------------|----------------|----------------|--|-------------------------|-----------------------|-------|
| | | | | | | | | | (LOCATIO | ON) | |
| NAIC Group Code | BUSINES | S IN THE STATE | | | | | DURING THE | | | mpany Code | |
| | | 1 | Comprehensive (| (Hospital & Medical) | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other |
| Total Members at end of: | | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | <u> </u> | |
| 2. First Quarter | | | | | | | | | | | |
| Second Quarter | | | | | - | | | | | | |
| 4. Third Quarter | | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | | |
| Total Member Ambulatory Encounters for | Year: | | | | | | | | | | |
| 7 Physician | | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | | |
| 9. Total | | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | | |
| 13. Life Premiums Direct | | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | | |
| 17. Amount Paid for Provision of Health | Care Services | | | | | | | | | 1 | |
| 18 Amount Incurred for Provision of Hea | alth Care Services | | | | | | | | | | |

⁽a) For health business: number of persons insured under PPO managed care products

^{......} and number of persons insured under indemnity only products

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

| REPORT FOR: 1. CORPORATION | | | | | 2. | | | | | |
|--|-----------------------|------------------|--------------------------|------------------------|----------------|----------------|--|-------------------------|-----------------------|-------|
| | | | | | | | | (LOCATIO | ON) | |
| NAIC Group Code | BUSINESS IN THE STATE | | | | | DURING THE Y | | | mpany Code | |
| | 1 | Comprehensive (H | lospital & Medical) 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | | _ | Ü | | \ <i>r</i> . | 5 | | T::1 >0.00 | T::: \/!\/ | |
| | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | · <u></u> | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Yea | ar: | | 1 Y V | | | | | | | |
| 7 Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care | e Services | | | | | | | | | |
| 18 Amount Incurred for Provision of Health (| Care Services | | | | | | | | | |



| REPORT FOR: 1. CORPORATION | | | | | 2. | | | | | |
|---|--------------------|-----------------|-----------------------|------------------------|----------------|----------------|--|-------------------------|-----------------------|-------|
| | | | | | | | | (LOCATIO | ON) | |
| NAIC Group Code BUSI | INESS IN THE STATE | | | | | DURING THE ' | | | ompany Code | 1 |
| | 1 | Comprehensive (| Hospital & Medical) 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | | _ | | | \n | 5 | | - ::: | | |
| | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | <u> </u> | |
| 2. First Quarter | | | | | | | | | - | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | <u> </u> | | | | | | |
| 5. Current Year | | | | | | | | | | |
| Current Year Member Months | | | | 71 | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | ! | |
| 7 Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18 Amount Incurred for Provision of Health Care Service | ces | | | | | | | | | |

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



| REPORT FOR: 1. CORPORATION | | | | | 2. | | | | | |
|--|-------------------------|------------------|---------------------|------------------------|----------------|----------------|--|-------------------------|-----------------------|-------|
| | | | | | | | | (LOCATIO | ON) | |
| NAIC Group Code B | SUSINESS IN THE STATE (| | | | | DURING THE | | | mpany Code | |
| | 1 | Comprehensive (I | Hospital & Medical) | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | | 2 | 3 | | | | | | | |
| | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other |
| | Total | Individual | Стоир | Supplement | Only | Offity | Treatti Derient Flan | Medicale | iviedicaid | Other |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | _ | | - | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| Current Year Member Months | | | | | E | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 8. Non-Physician | | | | - | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | | | | | | | | | | |
| | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| Property/Casualty Premiums Earned | | | | | | | | | | |
| | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Service | | | | | | | | | | |
| 18 Amount Incurred for Provision of Health Care Se | ervices | | | | | | | | | |

⁽a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

| REPO | ORT FOR: 1. CORPORATION | | | | | 2 | | | | | |
|-------|---|-------------------------|------------|---------------------|------------|--------|---------------|---------------------|-------------|------------|-------|
| | | | | | | | | | (LOCATIO | N) | |
| VAIC | Group Code | BUSINESS IN THE STATE O | | | | | DURING THE YE | EAR 2017 | NAIC Co | mpany Code | |
| | | 1 | | Hospital & Medical) | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | | | 2 | 3 | | | | | | | |
| | | | | | Medicare | Vision | Dental | Federal Employees | Title XVIII | Title XIX | |
| | | Total | Individual | Group | Supplement | Only | Only | Health Benefit Plan | Medicare | Medicaid | Other |
| Total | Members at end of: | | | | | | | | | | |
| 1. | Prior Year | | | | | | | | | | |
| 2. | First Quarter | | | | | | | | | | |
| | Second Quarter | | | | | | | | | | |
| | Third Quarter | | | | | | | | | | |
| | | | | | | | | | | | |
| | Current Year | | | | | | | | | | |
| 6. | Current Year Member Months | | | | | | | | | | |
| Total | Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7 | Physician | | | | | | | | | | |
| 8. | Non-Physician | | | | | | | | | | |
| | Total | | | | | | | | | | |
| | Hospital Patient Days Incurred | | | | | | | | | | |
| | Number of Inpatient Admissions | | | | | | | | | | |
| | • | | | | | | | | | | |
| | (-, | | | | | | | | | | |
| 13. | Life Premiums Direct | | | | | | | | | | |
| 14. | Property/Casualty Premiums Written | | | | | | | | | | |
| 15. | Health Premiums Earned | | | | | | | | | | |
| 16. | Property/Casualty Premiums Earned | | | | | | | | | | |
| | Amount Paid for Provision of Health Care S | Services | | | | | | | | | |
| | | | | | | | | | | | |
| 18 | Amount Incurred for Provision of Health Car | re Services | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

| | | | | | | | | (LOCATIO | N) | |
|--|-------------------|--------------------|------------------|------------------------|----------------|----------------|--|-------------------------|-----------------------|-------|
| NAIC Group Code 0119 BUSINESS | S IN THE STATE OF | | | | | DURING THE YE | | NAIC Con | npany Code | 60052 |
| | 1 | Comprehensive (Hos | pital & Medical) | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | Total | 2 Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | 2,450 | 0 | 0 | 0 | 0 | 0 | 0 | 2,450 | 0 | |
| 2. First Quarter | 2,830 | 0 | 0 | 0 | 0 | 0 | 0 | 2,830 | 0 | |
| 3. Second Quarter | 2,902 | 0 | 0 | 0 | 0 | 0 | 0 | 2,902 | 0 | |
| 4. Third Quarter | 2,949 | 0 | 0 | 0 | 0 | 0 | 0 | 2,949 | 0 | |
| 5. Current Year | 2,987 | 0 | 0 | 0 | 0 | 0 | 0 | 2,987 | 0 | |
| 6. Current Year Member Months | 34,801 | 0 | 0 | 0 | 0 | 0 | 0 | 34,801 | 0 | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7 Physician | 58,464 | 0 | 0 | 0 | 0 | 0 | 0 | 58,464 | 0 | |
| 8. Non-Physician | 29,501 | 0 | 0 | 0 | 0 | 0 | 0 | 29,501 | 0 | |
| 9. Total | 87,965 | 0 | 0 | 0 | 0 | 0 | 0 | 87,965 | 0 | |
| 10. Hospital Patient Days Incurred | 6,100 | 0 | 0 | 0 | 0 | 0 | 0 | 6,100 | 0 | |
| 11. Number of Inpatient Admissions | 748 | 0 | 0 | 0 | 0 | 0 | 0 | 748 | 0 | |
| 12. Health Premiums Written (b) | 29,854,041 | 0 | 0 | 0 | 0 | 0 | 0 | 29,854,041 | 0 | |
| 13. Life Premiums Direct | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 14. Property/Casualty Premiums Written | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 15. Health Premiums Earned | 29,854,041 | 0 | 0 | 0 | 0 | 0 | 0 | 29,854,041 | 0 | |
| 16. Property/Casualty Premiums Earned | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 17. Amount Paid for Provision of Health Care Services | 25 , 420 , 734 | 0 | 0 | 0 | 0 | 0 | 0 | 25 , 420 , 734 | 0 | |
| 18 Amount Incurred for Provision of Health Care Services | 25,989,658 | 0 | 0 | 0 | 0 | 0 | 0 | 25,989,658 | 0 | |

⁽a) For health business: number of persons insured under PPO managed care products ________2,987 and number of persons insured under indemnity only products ______0.



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

| REPORT FOR: 1. CORPORATION | | | | | 2. | | | | | |
|---|-------------------|-------------------|-------------------------|------------------------|----------------|----------------|--|-------------------------|-----------------------|-------|
| | | | | | | | | (LOCATIO | ON) | |
| NAIC Group Code | BUSINESS IN THE S | | | | | DURING THE Y | | | mpany Code | |
| | 1 | Comprehensiv 2 | ve (Hospital & Medical) | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | | _ | ŭ | | | | | | | |
| | Tota | al Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | - | | | | | |
| 3. Second Quarter | | | | | - | | | | | |
| 4. Third Quarter | | | · | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | ΛC | | | | | | |
| Total Member Ambulatory Encounters for Y | ear: | | | | | | | | | |
| 7 Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health C | are Services | | | | | | | | | |
| 18 Amount Incurred for Provision of Healt | h Care Services | | | | | | | | | |



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

| REPORT FOR: 1. CORPORATION | | | | | 2. | | | | | |
|--|-------------------------|-------------------|---------------------|------------------------|----------------|----------------|--|-------------------------|-----------------------|-------|
| | | | | | | | | (LOCATIO | N) | |
| NAIC Group Code | BUSINESS IN THE STATE C | | | | | DURING THE Y | | | mpany Code | |
| | 1 | Comprehensive (Ho | spital & Medical) 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | | _ | Ü | | | | | | | |
| | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other |
| Total Members at end of: | | | · | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| Second Quarter | | | | <u> </u> | | | | | | |
| 4. Third Quarter | | _ | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Yea | nr: | | | | | | | | | |
| 7 Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care | e Services | ļ | | | | | | | | |
| 18 Amount Incurred for Provision of Health (| Care Services | | | | | | | | | |



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

| | | | | | | | | (LOCATIO | N) | |
|--|-------------------|--------------------|-------------------|------------------------|----------------|----------------|--|-------------------------|-----------------------|-------|
| NAIC Group Code 0119 BUSINES | S IN THE STATE OF | | | | | DURING THE YE | | NAIC Con | npany Code | 60052 |
| | 1 | Comprehensive (Hos | spital & Medical) | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | 18,381 | 0 | 0 | 0 | 0 | 0 | 512 | 17,869 | 0 | |
| 2. First Quarter | 18,055 | 0 | 0 | 0 | 0 | 0 | 0 | 18,055 | 0 | |
| 3. Second Quarter | 18,064 | 0 | 0 | 0 | 0 | 0 | 0 | 18,064 | 0 | |
| 4. Third Quarter | 18,047 | 0 | 0 | 0 | 0 | 0 | 0 | 18,047 | 0 | |
| 5. Current Year | 17,979 | 0 | 0 | 0 | 0 | 0 | 0 | 17,979 | 0 | |
| 6. Current Year Member Months | 216,427 | 0 | 0 | 0 | 0 | 0 | 0 | 216,427 | 0 | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7 Physician | 359,905 | 0 | 0 | 0 | 0 | 0 | 638 | 359,267 | 0 | |
| 8. Non-Physician | 185,987 | 0 | 0 | 0 | 0 | 0 | 313 | 185,674 | 0 | |
| 9. Total | 545,892 | 0 | 0 | 0 | 0 | 0 | 951 | 544,941 | 0 | |
| 10. Hospital Patient Days Incurred | 51,998 | 0 | 0 | 0 | 0 | 0 | 24 | 51,974 | 0 | |
| 11. Number of Inpatient Admissions | 5,330 | 0 | 0 | 0 | 0 | 0 | 2 | 5,328 | 0 | |
| 12. Health Premiums Written (b) | 185,398,277 | 0 | 0 | 0 | 0 | 0 | 134,228 | 185,264,049 | 0 | |
| 13. Life Premiums Direct | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 14. Property/Casualty Premiums Written | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 15. Health Premiums Earned | 185,398,277 | 0 | 0 | 0 | 0 | 0 | 134,228 | 185,264,049 | 0 | |
| 16. Property/Casualty Premiums Earned | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 17. Amount Paid for Provision of Health Care Services | 148 , 134 , 316 | 0 | 0 | 0 | 0 | 0 | 371,397 | 147,762,919 | 0 | |
| 18 Amount Incurred for Provision of Health Care Services | 153,062,266 | 0 | 0 | 0 | 0 | 0 | (186,339) | 153,248,606 | 0 | |

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

| | | | | | | | | (LOCATION | N) | |
|--|-------------------|--------------------|-------|------------------------|----------------|----------------|--|-------------------------|-----------------------|-------|
| NAIC Group Code 0119 BUSINESS | S IN THE STATE OF | | | | | DURING THE YE | AR 2017 | NAIC Com | npany Code | 60052 |
| | 1 | Comprehensive (Hos | | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | | 2 | 3 | | | | | | | |
| | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | 4,821 | 0 | 0 | 0 | 0 | 0 | 0 | 4,821 | 0 | |
| 2. First Quarter | 4,485 | 0 | 0 | 0 | 0 | 0 | 0 | 4,485 | 0 | |
| 3. Second Quarter | 4,445 | 0 | 0 | 0 | 0 | 0 | 0 | 4,445 | 0 | |
| 4. Third Quarter | 4,412 | 0 | 0 | 0 | 0 | 0 | 0 | 4,412 | 0 | |
| 5. Current Year | 4,392 | 0 | 0 | 0 | 0 | 0 | 0 | 4,392 | 0 | |
| 6. Current Year Member Months | 53,415 | 0 | 0 | 0 | 0 | 0 | 0 | 53,415 | 0 | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7 Physician | 104,766 | 0 | 0 | 0 | 0 | 0 | 0 | 104,766 | 0 | |
| 8. Non-Physician | 63,305 | 0 | 0 | 0 | 0 | 0 | 0 | 63,305 | 0 | |
| 9. Total | 168,071 | 0 | 0 | 0 | 0 | 0 | 0 | 168,071 | 0 | |
| 10. Hospital Patient Days Incurred | 16,636 | 0 | 0 | 0 | 0 | 0 | 0 | 16,636 | 0 | |
| 11. Number of Inpatient Admissions | 1,626 | 0 | 0 | 0 | 0 | 0 | 0 | 1,626 | 0 | |
| 12. Health Premiums Written (b) | 59,746,664 | 0 | 0 | 0 | 0 | 0 | 0 | 59,746,664 | 0 | |
| 13. Life Premiums Direct | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 14. Property/Casualty Premiums Written | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 15. Health Premiums Earned | 59,746,664 | 0 | 0 | 0 | 0 | 0 | 0 | 59,746,664 | 0 | |
| 16. Property/Casualty Premiums Earned | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 17. Amount Paid for Provision of Health Care Services | 48,533,458 | 0 | 0 | 0 | 0 | 0 | 0 | 48,533,458 | 0 | |
| 18 Amount Incurred for Provision of Health Care Services | 48,470,695 | 0 | 0 | 0 | 0 | 0 | 0 | 48,470,695 | 0 | |

⁽a) For health business: number of persons insured under PPO managed care products _______4,392 and number of persons insured under indemnity only products ______0.



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

| REPORT FOR: 1. CORPORATION | | | | | 2. | | | | | |
|--|-------------------------|------------------|-------------------------|------------------------|----------------|----------------|--|-------------------------|-----------------------|-------|
| | | | | | | | | (LOCATIO | N) | |
| NAIC Group Code | BUSINESS IN THE STATE C | | | | , | DURING THE Y | | | mpany Code | |
| | 1 | Comprehensive (H | ospital & Medical) 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | | _ | Ü | | | | | | | |
| | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other |
| Total Members at end of: | | | · | | - | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7 Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Servi | ices | | | | | | | | | |
| 18 Amount Incurred for Provision of Health Care S | Services | | | | | | | | | |



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

| REPORT FOR: 1. CORPORATION | | | | | 2. | | | | | |
|---|-----------------------|------------------|---------------------|------------------------|----------------|----------------|--|-------------------------|-----------------------|----------|
| | | | | | | | | (LOCATIO | N) | |
| NAIC Group Code BUS | SINESS IN THE STATE (| | | | | DURING THE | | | mpany Code | _ |
| | 1 | Comprehensive (I | Hospital & Medical) | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | | _ | | | | | | | | |
| | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | - | | | | | | |
| 2. First Quarter | | | <u> </u> | - | | | | | | <u> </u> |
| 3. Second Quarter | | | | | | | | | | <u></u> |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | Æ | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7 Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | s | | | | | | | | | |
| 18 Amount Incurred for Provision of Health Care Serv | vices | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

| | | | | | | | | (LOCATION | N) | |
|--|-------------|--------------------|-------------------|------------------------|----------------|----------------|--|-------------------------|-----------------------|-------|
| NAIC Group Code 0119 BUSINESS | | | DURING THE YE | AR 2017 | NAIC Con | npany Code | 60052 | | | |
| | 1 | Comprehensive (Hos | spital & Medical) | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | 19,267 | 0 | 0 | 0 | 0 | 0 | 0 | 19,267 | 0 | |
| 2. First Quarter | 20,892 | 0 | 0 | 0 | 0 | 0 | 0 | 20,892 | 0 | |
| 3. Second Quarter | 21,098 | 0 | 0 | 0 | 0 | 0 | 0 | 21,098 | 0 | |
| 4. Third Quarter | 21,344 | 0 | 0 | 0 | 0 | 0 | 0 | 21,344 | 0 | |
| 5. Current Year | 21,551 | 0 | 0 | 0 | 0 | 0 | 0 | 21,551 | 0 | |
| 6. Current Year Member Months | 253,296 | 0 | 0 | 0 | 0 | 0 | 0 | 253,296 | 0 | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7 Physician | 476,991 | 0 | 0 | 0 | 0 | 0 | 0 | 476,991 | 0 | |
| 8. Non-Physician | 309,186 | 0 | 0 | 0 | 0 | 0 | 0 | 309,186 | 0 | |
| 9. Total | 786,177 | 0 | 0 | 0 | 0 | 0 | 0 | 786,177 | 0 | |
| 10. Hospital Patient Days Incurred | 59,540 | 0 | 0 | 0 | 0 | 0 | 0 | 59,540 | 0 | |
| 11. Number of Inpatient Admissions | 6,409 | 0 | 0 | 0 | 0 | 0 | 0 | 6,409 | 0 | |
| 12. Health Premiums Written (b) | 269,573,782 | 0 | 0 | 0 | 0 | 0 | 0 | 269,573,782 | 0 | |
| 13. Life Premiums Direct | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 14. Property/Casualty Premiums Written | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 15. Health Premiums Earned | 269,573,782 | 0 | 0 | 0 | 0 | 0 | 0 | 269,573,782 | 0 | |
| 16. Property/Casualty Premiums Earned | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 17. Amount Paid for Provision of Health Care Services | 217,401,770 | 0 | 0 | 0 | 0 | 0 | 0 | 217,401,770 | 0 | |
| 18 Amount Incurred for Provision of Health Care Services | 218,248,057 | 0 | 0 | 0 | 0 | 0 | 0 | 218,248,057 | 0 | |



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

| | | | | | | | | (LOCATIOI | N) | |
|--|------------|--------------------|---------------|------------------------|----------------|----------------|--|-------------------------|-----------------------|-------|
| NAIC Group Code 0119 BUSINESS | | | DURING THE YE | AR 2017 | NAIC Con | npany Code | 60052 | | | |
| | 1 | Comprehensive (Hos | | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | | 2 | 3 | | | | | | | |
| | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | 1,067 | 0 | 0 | 0 | 0 | 0 | 0 | 1,067 | 0 | |
| 2. First Quarter | 1,542 | 0 | 0 | 0 | 0 | 0 | 0 | 1,542 | 0 | |
| 3. Second Quarter | 1,590 | 0 | 0 | 0 | 0 | 0 | 0 | 1,590 | 0 | |
| 4. Third Quarter | 1,614 | 0 | 0 | 0 | 0 | 0 | 0 | 1,614 | 0 | |
| 5. Current Year | 1,655 | 0 | 0 | 0 | 0 | 0 | 0 | 1,655 | 0 | (|
| 6. Current Year Member Months | 19,041 | 0 | 0 | 0 | 0 | 0 | 0 | 19,041 | 0 | (|
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7 Physician | 28,564 | 0 | 0 | 0 | 0 | 0 | 0 | 28,564 | 0 | |
| 8. Non-Physician | 17,045 | 0 | 0 | 0 | 0 | 0 | 0 | 17,045 | 0 | |
| 9. Total | 45,609 | 0 | 0 | 0 | 0 | 0 | 0 | 45,609 | 0 | (|
| 10. Hospital Patient Days Incurred | 3,441 | 0 | 0 | 0 | 0 | 0 | 0 | 3,441 | 0 | (|
| 11. Number of Inpatient Admissions | 410 | 0 | 0 | 0 | 0 | 0 | 0 | 410 | 0 | (|
| 12. Health Premiums Written (b) | 16,742,131 | 0 | 0 | 0 | 0 | 0 | 0 | 16,742,131 | 0 | (|
| 13. Life Premiums Direct | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (|
| 14. Property/Casualty Premiums Written | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 15. Health Premiums Earned | 16,742,131 | 0 | 0 | 0 | 0 | 0 | 0 | 16,742,131 | 0 | |
| 16. Property/Casualty Premiums Earned | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (|
| 17. Amount Paid for Provision of Health Care Services | 12,755,762 | 0 | 0 | 0 | 0 | 0 | 0 | 12,755,762 | 0 | |
| 18 Amount Incurred for Provision of Health Care Services | 13,221,350 | 0 | 0 | 0 | 0 | 0 | 0 | 13,221,350 | 0 | (|

⁽a) For health business: number of persons insured under PPO managed care products _______1,655 and number of persons insured under indemnity only products ______0.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ______16,742,131



(LOCATION)

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

| | | | | | | | | (LOCATIO | N) | |
|--|-----------------|--------------------|------------|------------------------|----------------|----------------|--|-------------------------|-----------------------|-------|
| IAIC Group Code 0119 BUSINESS | IN THE STATE OF | | | | | DURING THE YE | AR 2017 | NAIC Con | npany Code | 60052 |
| | 1 | Comprehensive (Hos | | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | Total | 2 Individual | 3 Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | |
| 2. First Quarter | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | |
| 3. Second Quarter | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | |
| 4. Third Quarter | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 0 | |
| 5. Current Year | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | |
| 6. Current Year Member Months | 24 | 0 | 0 | 0 | 0 | 0 | 0 | 24 | 0 | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7 Physician | 26 | 0 | 0 | 0 | 0 | 0 | 0 | 26 | 0 | |
| 8. Non-Physician | 19 | 0 | 0 | 0 | 0 | 0 | 0 | 19 | 0 | |
| 9. Total | 45 | 0 | 0 | 0 | 0 | 0 | 0 | 45 | 0 | |
| 10. Hospital Patient Days Incurred | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 11. Number of Inpatient Admissions | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 12. Health Premiums Written (b) | 18,958 | 0 | 0 | 0 | 0 | 0 | 0 | 18,958 | 0 | |
| 13. Life Premiums Direct | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 14. Property/Casualty Premiums Written | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 15. Health Premiums Earned | 18,958 | 0 | 0 | 0 | 0 | 0 | 0 | 18,958 | 0 | |
| 16. Property/Casualty Premiums Earned | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 17. Amount Paid for Provision of Health Care Services | 25,474 | 0 | 0 | 0 | 0 | 0 | 0 | 25,474 | 0 | |
| 18 Amount Incurred for Provision of Health Care Services | 19,048 | 0 | 0 | 0 | 0 | 0 | 0 | 19,048 | 0 | |

⁽a) For health business: number of persons insured under PPO managed care products _______2 and number of persons insured under indemnity only products ______0.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ _______18,958



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

| REPORT FOR: 1. CORPORATION | | | | | | 2 | | | | | |
|---|-------------------|----------------|------------|---------------------|------------|----------|---------------|---------------------|-------------|------------|-------|
| | | | | | | | | | (LOCATIC | N) | |
| NAIC Group Code | BUSINESS IN | N THE STATE OF | Maryland | | | | DURING THE YE | AR 2017 | NAIC Co | mpany Code | |
| | | 1 | | Hospital & Medical) | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | | | 2 | 3 | | | | | | | |
| | | | | | Medicare | Vision | Dental | Federal Employees | Title XVIII | Title XIX | |
| | | Total | Individual | Group | Supplement | Only | Only | Health Benefit Plan | Medicare | Medicaid | Other |
| Total Members at end of: | | | | | | | | | | | |
| Prior Year | | | | | | | | | | | |
| | | | | | | | | | | | |
| 2. First Quarter | | | | | | | - | | | | |
| 3. Second Quarter | | | | | | | - | | | | - |
| 4. Third Quarter | | | | | | <u> </u> | - | | | <u> </u> | - |
| 5. Current Year | | | | | | | | | | | |
| Current Year Member Months | | | | | | | | | | | |
| Total Member Ambulatory Encounters for | Year: | | | | | | | | | | |
| 7 Physician | | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | | |
| 9. Total | | | | | | | | | | | |
| Hospital Patient Days Incurred | | | | | | | | | | | |
| Number of Inpatient Admissions | | | | | | | | | | | |
| · | | | | | | | | | | | |
| 13. Life Premiums Direct | | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | | |
| | | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | | |
| 17. Amount Paid for Provision of Health (| Care Services | | | | | | | | | | |
| 18 Amount Incurred for Provision of Hea | Ith Care Services | | | | | | | | | | |



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

| REPORT FOR: 1. CORPORATION | ON | | | | | 2 | | | | | |
|-----------------------------------|-------------------------|-------------------|----------------|---------------------|------------|--------|---------------|---------------------|-------------|------------|-------|
| | | | | | | | | | (LOCATIO | N) | |
| NAIC Group Code | BUSINES | S IN THE STATE OF | = Massachusett | ts | | | DURING THE YE | AR 2017 | NAIC Co | mpany Code | |
| · | | 1 | | Hospital & Medical) | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | | | 2 | 3 | | | | | | | |
| | | | | | Medicare | Vision | Dental | Federal Employees | Title XVIII | Title XIX | |
| | | Total | Individual | Group | Supplement | Only | Only | Health Benefit Plan | Medicare | Medicaid | Other |
| Total Members at end of: | | | | | | | | | | | |
| Prior Year | | | | | | | | | | | |
| | | | | | | | | | | | |
| 2. First Quarter | | | | - | | | - | | | | - |
| Second Quarter | | | | - | | | - | | | | - |
| 4. Third Quarter | | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | | |
| Current Year Member Months | | | | | | | | | | | |
| | | | | | | | | | | | |
| Total Member Ambulatory Encount | ers for Year: | | | | | | | | | | |
| 7 Physician | | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | | |
| 9. Total | | | | | | | | | | | |
| Hospital Patient Days Incurre | d | | | | | | | | | | |
| | | | | | | | | | | | |
| 11. Number of Inpatient Admission | ons | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | | |
| 13. Life Premiums Direct | | | | | | | | | | | |
| 14. Property/Casualty Premiums | Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | | |
| | | | | | | | | | | | |
| 16. Property/Casualty Premiums | Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of | Health Care Services | | | - | | | | | | | |
| 18 Amount Incurred for Provision | of Health Care Services | | | | | | | | | | |



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

| REPORT FOR: 1. CORPORATION | | | | | | 2. | | | | | |
|--|---------------|--------------|------------------|---------------------|------------------------|----------------|----------------|--|-------------------------|-----------------------|-------|
| | | | | | | | | | (LOCATIO | N) | |
| NAIC Group Code | BUSINESS IN 7 | THE STATE OF | | | T . | | DURING THE Y | | | mpany Code | T |
| | | 1 | Comprehensive (F | Hospital & Medical) | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other |
| | | Total | individual | Group | Supplement | Offity | Offity | Tleatti Dellett Flati | iviedicare | iviedicald | Other |
| Total Members at end of: | | | | | | | | | | | |
| 1. Prior Year | | | | | | - | - | | | | |
| 2. First Quarter | | | | | | | - | | | | |
| Second Quarter | | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | | |
| Current Year Member Months | | | | | | | | | | | |
| Total Member Ambulatory Encounters for Ye | nar: | | | | | | | | | | |
| | | | | | | | | | | | |
| 7 Physician | | | | | | | - | | | | |
| 8. Non-Physician | | | | | | | - | | | | |
| 9. Total | | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | | |
| 13. Life Premiums Direct | | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Ca | re Services | | | | | | | | | | |
| 18 Amount Incurred for Provision of Health | Care Services | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products



| REPORT FOR: 1. CORPORATION | | | | | 2. | | | | | |
|---|-------------------|------------------|---------------------|------------------------|----------------|----------------|--|-------------------------|-----------------------|-------|
| | | | | | | | | (LOCATIO | ON) | |
| NAIC Group Code BUSI | NESS IN THE STATE | | | | | DURING THE | | | mpany Code | |
| | 1 | Comprehensive (I | Hospital & Medical) | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | | _ | Ŭ | | | | | | | |
| | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other |
| Total Members at end of: | | | | | - , | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | E | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7 Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18 Amount Incurred for Provision of Health Care Service | es | | | | | | | | | |

⁽a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

| REPORT FOR: 1. CORPORATION | | | | | | 2 | | | | | |
|--|----------------------|-----------------|------------------|---------------------|------------|--------|---------------|---------------------|-------------|------------|----------|
| | | | | | | | | | (LOCATIO | N) | |
| NAIC Group Code | BUSINESS | IN THE STATE OF | Mississippi | | | | DURING THE YE | AR 2017 | NAIC Co | mpany Code | |
| · | | 1 | Comprehensive (I | lospital & Medical) | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | | | 2 | 3 | | | | | | | |
| | | | | | Medicare | Vision | Dental | Federal Employees | Title XVIII | Title XIX | |
| | | Total | Individual | Group | Supplement | Only | Only | Health Benefit Plan | Medicare | Medicaid | Other |
| Total Members at end of: | | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | | |
| | | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | | - |
| Second Quarter | | | | | | | | | | | <u> </u> |
| 4. Third Quarter | | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | | |
| Current Year Member Months | | | | | | | | | | | |
| Total Member Ambulatory Encounters f | or Voor | | | | | | | | | | |
| | | | | | | | | | | | |
| 7 Physician | | | | | | | | | | | - |
| 8. Non-Physician | | | | | | | | | | | |
| 9. Total | | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | | |
| Number of Inpatient Admissions | | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | | |
| 13. Life Premiums Direct | | | | | | | | | | | |
| 14. Property/Casualty Premiums Writt | en | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | | |
| 16. Property/Casualty Premiums Earn | ad | | | | | | | | | | |
| | | | | | | | | | | | |
| 17. Amount Paid for Provision of Healt | th Care Services | | | | | | | | | | |
| 18 Amount Incurred for Provision of H | lealth Care Services | | | | | | | | | | |



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

| REPORT FOR: 1. CORPORATION | | | | | | 2 | | | | | |
|---|-------------------|--------------|------------|---------------------|------------|--------|---------------|---------------------|-------------|------------|-------|
| | | | | | | | | | (LOCATIC | N) | |
| NAIC Group Code | BUSINESS IN | THE STATE OF | Missouri | | | | DURING THE YE | AR 2017 | NAIC Co | mpany Code | |
| | | 1 | | lospital & Medical) | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | | | 2 | 3 | | | | | | | |
| | | | | | Medicare | Vision | Dental | Federal Employees | Title XVIII | Title XIX | |
| | | Total | Individual | Group | Supplement | Only | Only | Health Benefit Plan | Medicare | Medicaid | Other |
| Total Members at end of: | | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | | |
| | | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | | |
| Second Quarter | | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | | |
| Current Year Member Months | | | | | | | | | | | |
| | V | | | | | | | | | | |
| Total Member Ambulatory Encounters for | Year: | | | | | | | | | | |
| 7 Physician | | | | | | | | | | | |
| 8. Non-Physician | | | | | | | - | | | | |
| 9. Total | | | | | | | | | | | |
| Hospital Patient Days Incurred | | | | | | | | | | | |
| Number of Inpatient Admissions | | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | | |
| 13. Life Premiums Direct | | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | | |
| | | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | | |
| 17. Amount Paid for Provision of Health (| Care Services | | | | | | | | | | |
| 18 Amount Incurred for Provision of Hea | Ith Care Services | | | | | | | | | | |



(LOCATION)

ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

| | | | | | | | | (LOCATIO | N) | |
|--|-------------------|--------------------|------------|------------------------|----------------|----------------|--|-------------------------|-----------------------|-------|
| IAIC Group Code 0119 BUSINESS | S IN THE STATE OF | | | | | DURING THE YE | | | npany Code | 60052 |
| | 1 | Comprehensive (Hos | | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | Total | 2 Individual | 3 Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | 592 | 0 | 0 | 0 | 0 | 0 | 0 | 592 | 0 | |
| 2. First Quarter | 650 | 0 | 0 | 0 | 0 | 0 | 0 | 650 | 0 | |
| 3. Second Quarter | 656 | 0 | 0 | 0 | 0 | 0 | 0 | 656 | 0 | |
| 4. Third Quarter | 654 | 0 | 0 | 0 | 0 | 0 | 0 | 654 | 0 | |
| 5. Current Year | 684 | 0 | 0 | 0 | 0 | 0 | 0 | 684 | 0 | |
| 6. Current Year Member Months | 7,816 | 0 | 0 | 0 | 0 | 0 | 0 | 7,816 | 0 | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7 Physician | 6,360 | 0 | 0 | 0 | 0 | 0 | 0 | 6,360 | 0 | |
| 8. Non-Physician | 6,034 | 0 | 0 | 0 | 0 | 0 | 0 | 6,034 | 0 | |
| 9. Total | 12,394 | 0 | 0 | 0 | 0 | 0 | 0 | 12,394 | 0 | |
| 10. Hospital Patient Days Incurred | 842 | 0 | 0 | 0 | 0 | 0 | 0 | 842 | 0 | |
| 11. Number of Inpatient Admissions | 103 | 0 | 0 | 0 | 0 | 0 | 0 | 103 | 0 | |
| 12. Health Premiums Written (b) | 5,168,470 | 0 | 0 | 0 | 0 | 0 | 0 | 5,168,470 | 0 | |
| 13. Life Premiums Direct | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 14. Property/Casualty Premiums Written | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 15. Health Premiums Earned | 5,168,470 | 0 | 0 | 0 | 0 | 0 | 0 | 5,168,470 | 0 | |
| 16. Property/Casualty Premiums Earned | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 17. Amount Paid for Provision of Health Care Services | 3,696,912 | 0 | 0 | 0 | 0 | 0 | 0 | 3,696,912 | 0 | |
| 18 Amount Incurred for Provision of Health Care Services | 3,607,215 | 0 | 0 | 0 | 0 | 0 | 0 | 3,607,215 | 0 | |

⁽a) For health business: number of persons insured under PPO managed care products ________684 and number of persons insured under indemnity only products _______0 .



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

| REPORT FC | DR: 1. CORPORATION | | | | | 2 | | | | | |
|-------------|---|-----------------------|-----------------|-----------------------|------------------------|----------------|----------------|--|-------------------------|-----------------------|--------------|
| | | | | | | | | | (LOCATIO | N) | |
| NAIC Group | Code | BUSINESS IN THE STATE | | | | | DURING THE YE | EAR 2017 | NAIC Co | mpany Code | |
| | | 1 | Comprehensive (| Hospital & Medical) 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | | | 2 | 3 | | | | | | | |
| | | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other |
| | | Total | iridividuai | Group | Supplement | Offily | Offily | Health benefit Flan | Medicare | Medicaid | Other |
| Total Membe | ers at end of: | | | | | | | | | | |
| 1. Prior | Year | | | | | | | | | | |
| 2. First | Quarter | | | | | | | | | | |
| | and Quarter | | | | | | | | | | |
| | | | | | | | | | | | |
| 4. Third | d Quarter | | | | | | | | | | |
| 5. Curre | ent Year | | | | | | | | | | |
| 6. Curre | ent Year Member Months | | | | | | | | | | |
| Total Membe | er Ambulatory Encounters for Year: | | | | | | | | | | |
| | | | | | | | | | | | |
| | ician | | | | | | | - | | | |
| 8. Non- | Physician | | | | | | | | | | 1 |
| 9. Total | l . | | | | | | | | | | |
| 10. Hosp | oital Patient Days Incurred | | | | | | | | | | |
| 11. Numl | ber of Inpatient Admissions | | | | | | | | | | |
| 12. Healt | th Premiums Written (b) | | | | | | | | | | |
| | Premiums Direct | | | | | | | | | | |
| 14. Prope | erty/Casualty Premiums Written | | | | | | | | | | |
| | th Premiums Earned | | | | | | | | | | |
| | | | | | | | | | | | |
| 16. Prope | erty/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amou | unt Paid for Provision of Health Care Ser | vices | | | | | | | | | |
| 18 Amoi | unt Incurred for Provision of Health Care | Services | | | | | | | | | |



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

| REPORT FOR: 1. CORPORATION | | | | | | | | | | | |
|---|-----------------|-------------|-----------------------------|------------------------|----------------|--|--|-------------------------|-----------------------|-------|--|
| | | | | | | | | (LOCATIO | ON) | | |
| NAIC Group Code BUSINESS IN THE STATE OF Nevada | | | | | | DURING THE YEAR 2017 NAIC Company Code | | | | | |
| | 1 | Compre 2 | ehensive (Hospital & Medica | <u>1)</u> 4 | 5 | 6 | 7 | 8 | 9 | 10 | |
| | | | | | \rac{1}{2} | B | | T'' | T'11 VIV | | |
| | Tot | tal Indivi | dual Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other | |
| Total Members at end of: | | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | | | |
| Second Quarter | | | | | | | | | | | |
| 4. Third Quarter | | | ····· | | | | | | | | |
| 5. Current Year | | | | | | | | | | | |
| 6. Current Year Member Months | | | | 40 | | | | | | | |
| Total Member Ambulatory Encounters for Y | ear: | | | VI | | | | | | | |
| 7 Physician | | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | | |
| 9. Total | | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | | |
| 13. Life Premiums Direct | | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Ca | are Services | | | | | | | | | | |
| 18 Amount Incurred for Provision of Healt | h Care Services | | | | | | | | | | |

(a) For health business: number of persons insured under PPO managed care products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

| REPORT FOR: 1. CORPORATION | | | | | 2. | | | (LOCATIO | DN) | |
|---|-----------------------|------------------|---------------------|------------------------|----------------|----------------|--|-------------------------|-----------------------|----------|
| NAIC Group Code | BUSINESS IN THE STATE | OF New Hampshi | re | | | DURING THE Y | 'EAR 2017 | • | mpany Code | |
| | 1 | Comprehensive (I | Hospital & Medical) | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | | 2 | 3 | | | | | | | |
| | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | <u> </u> | <u> </u> |
| 3. Second Quarter | | | <u></u> | | | | | | | |
| 4. Third Quarter | | | | | | | | | - | - |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Y | Year: | | | | | | | | | |
| 7 Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | | | | | | | | | | |
| 14. Property/Casualty Premiums Written . | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health C | Care Services | | | | | | | | | |
| 18 Amount Incurred for Provision of Heal | th Care Services | | | | | | | | | |

...... and number of persons insured under indemnity only products



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

| | | | | | _ | | | (LOCATIOI | N) | |
|--|-----------|--------------------|--------------------|------------------------|----------------|----------------|--|-------------------------|-----------------------|-------|
| NAIC Group Code 0119 BUSINESS | | | DURING THE YE | | NAIC Con | npany Code | 60052 | | | |
| | 1 | Comprehensive (Hos | pital & Medical) 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | Total | 2 Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | 1,044 | 0 | 0 | 0 | 0 | 0 | 0 | 1,044 | 0 | |
| 2. First Quarter | 559 | 0 | 0 | 0 | 0 | 0 | 0 | 559 | 0 | |
| 3. Second Quarter | 552 | 0 | 0 | 0 | 0 | 0 | 0 | 552 | 0 | |
| 4. Third Quarter | 550 | 0 | 0 | 0 | 0 | 0 | 0 | 550 | 0 | |
| 5. Current Year | 545 | 0 | 0 | 0 | 0 | 0 | 0 | 545 | 0 | |
| 6. Current Year Member Months | 6,629 | 0 | 0 | 0 | 0 | 0 | 0 | 6,629 | 0 | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7 Physician | 14,543 | 0 | 0 | 0 | 0 | 0 | 0 | 14,543 | 0 | |
| 8. Non-Physician | 8,077 | 0 | 0 | 0 | 0 | 0 | 0 | 8,077 | 0 | |
| 9. Total | 22,620 | 0 | 0 | 0 | 0 | 0 | 0 | 22,620 | 0 | |
| 10. Hospital Patient Days Incurred | 3,032 | 0 | 0 | 0 | 0 | 0 | 0 | 3,032 | 0 | |
| 11. Number of Inpatient Admissions | 219 | 0 | 0 | 0 | 0 | 0 | 0 | 219 | 0 | |
| 12. Health Premiums Written (b) | 7,853,341 | 0 | 0 | 0 | 0 | 0 | 0 | 7,853,341 | 0 | |
| 13. Life Premiums Direct | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 14. Property/Casualty Premiums Written | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 15. Health Premiums Earned | 7,853,341 | 0 | 0 | 0 | 0 | 0 | 0 | 7,853,341 | 0 | |
| 16. Property/Casualty Premiums Earned | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 17. Amount Paid for Provision of Health Care Services | 7,239,328 | 0 | 0 | 0 | 0 | 0 | 0 | 7,239,328 | 0 | |
| 18 Amount Incurred for Provision of Health Care Services | 6,709,808 | 0 | 0 | 0 | 0 | 0 | 0 | 6,709,808 | 0 | |

⁽a) For health business: number of persons insured under PPO managed care products ______545 and number of persons insured under indemnity only products ______0.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ ______7,853,341



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

| REPORT FOR: 1. CORPORATION | | | | | 2. | | | | | |
|---|-------------------|-----------------|---------------------|------------------------|----------------|----------------|--|-------------------------|-----------------------|--------|
| | | | | | | | | (LOCATIO | ON) | |
| NAIC Group Code BUSII | NESS IN THE STATE | | | Ţ | , | DURING THE ' | | | mpany Code | |
| | 1 | Comprehensive (| Hospital & Medical) | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | | | | | | | | | | |
| | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other |
| Total Members at end of: | . Total | man rada. | Group | Саррионист | Jy | 3, | · roanii zonom · m | moulouio | - Modification | 0.1101 |
| 1. Prior Year | | | | <u></u> | | | | | | |
| 2. First Quarter | | | | | | | | | | |
| Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | 71 | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7 Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Services | | | | | | | | | | |
| 18 Amount Incurred for Provision of Health Care Service | es | | | | | | | | | |

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

| | | | | | _ | | | (LOCATION | N) | |
|--|-------------------|--------------------|------------------|------------------------|----------------|----------------|--|-------------------------|-----------------------|-------|
| NAIC Group Code 0119 BUSINESS | S IN THE STATE OF | | | | | DURING THE YE | | NAIC Con | npany Code | 60052 |
| | 1 | Comprehensive (Hos | pital & Medical) | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | 5,929 | 0 | 0 | 0 | 0 | 0 | 0 | 5,929 | 0 | |
| 2. First Quarter | 5,265 | 0 | 0 | 0 | 0 | 0 | 0 | 5,265 | 0 | |
| 3. Second Quarter | 5,398 | 0 | 0 | 0 | 0 | 0 | 0 | 5,398 | 0 | |
| 4. Third Quarter | 5,574 | 0 | 0 | 0 | 0 | 0 | 0 | 5,574 | 0 | |
| 5. Current Year | 5,655 | 0 | 0 | 0 | 0 | 0 | 0 | 5,655 | 0 | |
| 6. Current Year Member Months | 65,280 | 0 | 0 | 0 | 0 | 0 | 0 | 65,280 | 0 | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7 Physician | 106,981 | 0 | 0 | 0 | 0 | 0 | 0 | 106,981 | 0 | |
| 8. Non-Physician | 52,621 | 0 | 0 | 0 | 0 | 0 | 0 | 52,621 | 0 | |
| 9. Total | 159,602 | 0 | 0 | 0 | 0 | 0 | 0 | 159,602 | 0 | |
| 10. Hospital Patient Days Incurred | 12,995 | 0 | 0 | 0 | 0 | 0 | 0 | 12,995 | 0 | |
| 11. Number of Inpatient Admissions | 1,471 | 0 | 0 | 0 | 0 | 0 | 0 | 1,471 | 0 | |
| 12. Health Premiums Written (b) | 55,686,479 | 0 | 0 | 0 | 0 | 0 | 0 | 55,686,479 | 0 | |
| 13. Life Premiums Direct | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 14. Property/Casualty Premiums Written | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 15. Health Premiums Earned | 55,686,479 | 0 | 0 | 0 | 0 | 0 | 0 | 55,686,479 | 0 | |
| 16. Property/Casualty Premiums Earned | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 17. Amount Paid for Provision of Health Care Services | 45 , 190 , 719 | 0 | 0 | 0 | 0 | 0 | 0 | 45,190,719 | 0 | |
| 18 Amount Incurred for Provision of Health Care Services | 44,824,935 | 0 | 0 | 0 | 0 | 0 | 0 | 44,824,935 | 0 | |

⁽a) For health business: number of persons insured under PPO managed care products _______5,655 and number of persons insured under indemnity only products ______0.



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

| | | | | | | | | (LOCATION | | |
|--|-----------------|--------------------|-------|------------------------|----------------|----------------|--|-------------------------|-----------------------|-------|
| NAIC Group Code 0119 BUSINESS | IN THE STATE OF | | | | | DURING THE YE | AR 2017 | NAIC Com | pany Code | 60052 |
| | 1 | Comprehensive (Hos | | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | | 2 | 3 | | | | | | | |
| | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | 30 | 0 | 0 | 30 | 0 | 0 | 0 | 0 | 0 | |
| 2. First Quarter | 39 | 0 | 0 | 39 | 0 | 0 | 0 | 0 | 0 | |
| 3. Second Quarter | 39 | 0 | 0 | 39 | 0 | 0 | 0 | 0 | 0 | |
| 4. Third Quarter | 44 | 0 | 0 | 44 | 0 | 0 | 0 | 0 | 0 | |
| 5. Current Year | 44 | 0 | 0 | 44 | 0 | 0 | 0 | 0 | 0 | |
| 6. Current Year Member Months | 483 | 0 | 0 | 483 | 0 | 0 | 0 | 0 | 0 | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7 Physician | 509 | 0 | 0 | 509 | 0 | 0 | 0 | 0 | 0 | |
| 8. Non-Physician | 343 | 0 | 0 | 343 | 0 | 0 | 0 | 0 | 0 | |
| 9. Total | 852 | 0 | 0 | 852 | 0 | 0 | 0 | 0 | 0 | |
| 10. Hospital Patient Days Incurred | 20 | 0 | 0 | 20 | 0 | 0 | 0 | 0 | 0 | |
| 11. Number of Inpatient Admissions | 5 | 0 | 0 | 5 | 0 | 0 | 0 | 0 | 0 | |
| 12. Health Premiums Written (b) | 60 , 167 | 0 | 0 | 60 , 167 | 0 | 0 | 0 | 0 | 0 | |
| 13. Life Premiums Direct | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 14. Property/Casualty Premiums Written | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 15. Health Premiums Earned | | 0 | 0 | | 0 | 0 | 0 | 0 | 0 | |
| 16. Property/Casualty Premiums Earned | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 17. Amount Paid for Provision of Health Care Services | 47,458 | 0 | 0 | 47,458 | 0 | 0 | 0 | 0 | 0 | |
| 18 Amount Incurred for Provision of Health Care Services | 46,634 | 0 | 0 | 46,634 | 0 | 0 | 0 | 0 | 0 | |

⁽a) For health business: number of persons insured under PPO managed care products ______0 and number of persons insured under indemnity only products _____0.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ _____0.



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

| | | | | | _ | | | (LOCATION | N) | |
|--|------------|--------------------|---------------|------------------------|----------------|----------------|--|-------------------------|-----------------------|-------|
| NAIC Group Code 0119 BUSINESS | | | DURING THE YE | AR 2017 | NAIC Con | npany Code | 60052 | | | |
| | 1 | Comprehensive (Hos | | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | | 2 | 3 | | | | | | | |
| | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | 6,422 | 0 | 0 | 0 | 0 | 0 | 0 | 6,422 | 0 | |
| 2. First Quarter | 6,398 | 0 | 0 | 0 | 0 | 0 | 0 | 6,398 | 0 | |
| 3. Second Quarter | 6,324 | 0 | 0 | 0 | 0 | 0 | 0 | 6,324 | 0 | |
| 4. Third Quarter | 6,262 | 0 | 0 | 0 | 0 | 0 | 0 | 6,262 | 0 | |
| 5. Current Year | 6,175 | 0 | 0 | 0 | 0 | 0 | 0 | 6,175 | 0 | |
| 6. Current Year Member Months | 75,806 | 0 | 0 | 0 | 0 | 0 | 0 | 75,806 | 0 | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7 Physician | 146,096 | 0 | 0 | 0 | 0 | 0 | 0 | 146,096 | 0 | |
| 8. Non-Physician | 101,131 | 0 | 0 | 0 | 0 | 0 | 0 | 101,131 | 0 | |
| 9. Total | 247,227 | 0 | 0 | 0 | 0 | 0 | 0 | 247,227 | 0 | |
| 10. Hospital Patient Days Incurred | 22,838 | 0 | 0 | 0 | 0 | 0 | 0 | 22,838 | 0 | |
| 11. Number of Inpatient Admissions | 2,293 | 0 | 0 | 0 | 0 | 0 | 0 | 2,293 | 0 | |
| 12. Health Premiums Written (b) | 85,318,253 | 0 | 0 | 0 | 0 | 0 | 0 | 85,318,253 | 0 | |
| 13. Life Premiums Direct | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 14. Property/Casualty Premiums Written | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 15. Health Premiums Earned | 85,318,253 | 0 | 0 | 0 | 0 | 0 | 0 | 85,318,253 | 0 | |
| 16. Property/Casualty Premiums Earned | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 17. Amount Paid for Provision of Health Care Services | 68,439,713 | 0 | 0 | 0 | 0 | 0 | 0 | 68,439,713 | 0 | |
| 18 Amount Incurred for Provision of Health Care Services | 69,184,267 | 0 | 0 | 0 | 0 | 0 | 0 | 69,184,267 | 0 | |

⁽a) For health business: number of persons insured under PPO managed care products ______6,175 and number of persons insured under indemnity only products ______0.



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

| REPORT FOR: 1. CORPORATION | | | | | | 2. | | | | | |
|--|----------|--------------|-----------------|---------------------|------------------------|----------------|----------------|--|-------------------------|-----------------------|-------|
| | | | | | | | | | (LOCATIO | ON) | |
| NAIC Group Code | BUSINESS | IN THE STATE | | | | | DURING THE | | | mpany Code | |
| | | 1 | Comprehensive (| Hospital & Medical) | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | | | _ | | | | | | | | |
| | | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other |
| Total Members at end of: | | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | | |
| 2. First Quarter | | | | | - | | | | | - | |
| Second Quarter | | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | | |
| Current Year Member Months | | | | | | | | | | | |
| Total Member Ambulatory Encounters for Yea | ır: | | | | | | | | | | |
| 7 Physician | | | | | | | | | | | |
| 8. Non-Physician | | | | - | | | | | | | |
| 9. Total | | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | | |
| 13. Life Premiums Direct | | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care | Services | | | | | | | | | | |
| 18 Amount Incurred for Provision of Health (| | | | | | | | | | | |



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

| REPORT FOR: 1. CORPORATION | | | | | 2. | | | | | |
|---|-------------------------|------------------|---------------------|------------------------|----------------|----------------|--|-------------------------|-----------------------|-------|
| | | | | | | | | (LOCATIO | ON) | |
| NAIC Group Code | BUSINESS IN THE STATE (| | | | | DURING THE | | | mpany Code | |
| | 1 | Comprehensive (I | Hospital & Medical) | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | | 2 | 3 | | | | | | | |
| | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other |
| | Total | individual | Споир | Supplement | Only | Offity | Treatti beriefit Flam | Medicale | iviedicaid | Other |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | - | | - | | | | | | |
| 2. First Quarter | | | | - | | | | | | |
| 3. Second Quarter | | | | <u></u> | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| Current Year Member Months | | | | | Æ | | | | | |
| Total Member Ambulatory Encounters for Year: | | | IVI | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 8. Non-Physician | | | | - | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| | d | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Serv | | | | | | | | | | |
| 18 Amount Incurred for Provision of Health Care S | Services | | | | | | | | | |

⁽a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

| | | | | | | | | (LOCATION | ۷) | |
|--|-----------------|--------------------|------------------|------------------------|----------------|----------------|--|-------------------------|-----------------------|-------|
| AIC Group Code 0119 BUSINESS | IN THE STATE OF | | | | | DURING THE Y | | NAIC Com | npany Code | 60052 |
| | 1 | Comprehensive (Hos | pital & Medical) | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | Total | Individual | 3 Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | 18,727 | 0 | 0 | 0 | 0 | c | | 18,727 | 0 | |
| 2. First Quarter | 16,954 | 0 | 0 | 0 | 0 | c | | 16,954 | 0 | |
| 3. Second Quarter | 16,868 | 0 | 0 | 0 | 0 | c | | 16,868 | 0 | |
| 4. Third Quarter | 16,857 | 0 | 0 | 0 | 0 | | 0 | 16,857 | 0 | |
| 5. Current Year | 16,805 | 0 | 0 | 0 | 0 | C | 0 | 16,805 | 0 | |
| 6. Current Year Member Months | 202,564 | 0 | 0 | 0 | 0 | C | 0 | 202,564 | 0 | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7 Physician | 350,214 | 0 | 0 | 0 | 0 | | | 350,214 | 0 | |
| 8. Non-Physician | 206,010 | 0 | 0 | 0 | 0 | | | 206,010 | 0 | |
| 9. Total | 556,224 | 0 | 0 | 0 | 0 | C | 0 | 556,224 | 0 | |
| 10. Hospital Patient Days Incurred | 57,232 | 0 | 0 | 0 | 0 | C | 0 | 57,232 | 0 | |
| 11. Number of Inpatient Admissions | 5,752 | 0 | 0 | 0 | 0 | C | 0 | 5,752 | 0 | |
| 12. Health Premiums Written (b) | 185,621,070 | 0 | 0 | 0 | 0 | | 00 | 185,621,070 | 0 | |
| 13. Life Premiums Direct | 0 | 0 | 0 | 0 | 0 | C | 0 | 0 | 0 | |
| 14. Property/Casualty Premiums Written | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 0 | |
| 15. Health Premiums Earned | 185,621,070 | 0 | 0 | 0 | 0 | | 00 | 185,621,070 | 0 | |
| 16. Property/Casualty Premiums Earned | 0 | 0 | 0 | 0 | 0 | C | 0 | 0 | 0 | |
| 17. Amount Paid for Provision of Health Care Services | 146,300,285 | 0 | 0 | 0 | 0 | | 0 | 146,300,285 | 0 | |
| 18 Amount Incurred for Provision of Health Care Services | 146,728,079 | 0 | 0 | 0 | 0 | | | 146,728,079 | 0 | |

⁽a) For health business: number of persons insured under PPO managed care products ________16,805 and number of persons insured under indemnity only products ______0.

(a) For health business: number of persons insured under PPO managed care products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



ANNUAL STATEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

| REPORT FOR: 1. CORPORATION | | | | | 2. | | | | | |
|--|-----------------|--------------|-------------------------------|------------------------|----------------|----------------|--|-------------------------|-----------------------|-------|
| | | | | | | | | (LOCATIO | N) | |
| NAIC Group Code | BUSINESS IN THE | | de Island | | | DURING THE | | | mpany Code | |
| | | 1 Compre | ehensive (Hospital & Medical) | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | | | 3 | | | | | | | |
| | To | otal Individ | dual Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other |
| Total Members at end of: | | | | 2.75 | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | | | <u> </u> | |
| 3. Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| Current Year Member Months | | | | | E | | | | | |
| Total Member Ambulatory Encounters for Yea | ır: | | | | | | | | | |
| 7 Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care | Services | | | | | | | | | |
| 18 Amount Incurred for Provision of Health C | Care Services | | | | | | | | | |

and number of persons insured under indemnity only products



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

| | | | | | | | | (LOCATIOI | N) | |
|--|------------|--------------------|------------------|------------------------|----------------|----------------|--|-------------------------|-----------------------|-------|
| NAIC Group Code 0119 BUSINESS | | | | | | | | NAIC Con | npany Code | 60052 |
| | 1 | Comprehensive (Hos | pital & Medical) | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | 1,135 | 0 | 0 | 0 | 0 | 0 | 0 | 1 , 135 | 0 | |
| 2. First Quarter | 1,020 | 0 | 0 | 0 | 0 | 0 | 0 | 1,020 | 0 | |
| 3. Second Quarter | 1,062 | 0 | 0 | 0 | 0 | 0 | 0 | 1,062 | 0 | |
| 4. Third Quarter | 1,065 | 0 | 0 | 0 | 0 | 0 | 0 | 1,065 | 0 | |
| 5. Current Year | 1,072 | 0 | 0 | 0 | 0 | 0 | 0 | 1,072 | 0 | (|
| 6. Current Year Member Months | 12,597 | 0 | 0 | 0 | 0 | 0 | 0 | 12,597 | 0 | (|
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7 Physician | 18,022 | 0 | 0 | 0 | 0 | 0 | 0 | 18,022 | 0 | |
| 8. Non-Physician | 11,643 | 0 | 0 | 0 | 0 | 0 | 0 | 11,643 | 0 | |
| 9. Total | 29,665 | 0 | 0 | 0 | 0 | 0 | 0 | 29,665 | 0 | (|
| 10. Hospital Patient Days Incurred | 3,073 | 0 | 0 | 0 | 0 | 0 | 0 | 3,073 | 0 | (|
| 11. Number of Inpatient Admissions | 276 | 0 | 0 | 0 | 0 | 0 | 0 | 276 | 0 | (|
| 12. Health Premiums Written (b) | 10,219,033 | 0 | 0 | 0 | 0 | 0 | 0 | 10,219,033 | 0 | |
| 13. Life Premiums Direct | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (|
| 14. Property/Casualty Premiums Written | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 15. Health Premiums Earned | 10,219,033 | 0 | 0 | 0 | 0 | 0 | 0 | 10,219,033 | 0 | |
| 16. Property/Casualty Premiums Earned | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | (|
| 17. Amount Paid for Provision of Health Care Services | 8,474,086 | 0 | 0 | 0 | 0 | 0 | 0 | 8,474,086 | 0 | |
| 18 Amount Incurred for Provision of Health Care Services | 8,853,669 | 0 | 0 | 0 | 0 | 0 | 0 | 8,853,669 | 0 | (|



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

| REPORT FOR: 1. CORPORATION | | | | | | 2 | | | | | |
|---|-------------------|-----------------|--------------|---------------------|------------|--------|---------------|---------------------|-------------|------------|-------|
| | | | | | | | | | (LOCATIC | N) | |
| NAIC Group Code | BUSINESS | IN THE STATE OF | South Dakota | | | | DURING THE YE | AR 2017 | NAIC Co | mpany Code | |
| | | 1 | | lospital & Medical) | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | | | 2 | 3 | | | | | | | |
| | | | | | Medicare | Vision | Dental | Federal Employees | Title XVIII | Title XIX | |
| | | Total | Individual | Group | Supplement | Only | Only | Health Benefit Plan | Medicare | Medicaid | Other |
| Total Members at end of: | | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | | |
| | | | | | | | | | | | |
| 2. First Quarter | | | | | | | - | | | | - |
| Second Quarter | | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | | |
| Current Year Member Months | | | | | | | | | | | |
| | V | | | | | | | | | | |
| Total Member Ambulatory Encounters for | | | | | | | | | | | |
| 7 Physician | | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | | |
| 9. Total | | | | | | | | | | | |
| Hospital Patient Days Incurred | | | | | | | | | | | |
| Number of Inpatient Admissions | | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | | |
| 13. Life Premiums Direct | | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | | |
| | | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | | |
| 17. Amount Paid for Provision of Health (| Care Services | | | | | | | | | | |
| 18 Amount Incurred for Provision of Hea | Ith Care Services | | | | | | | | | | |



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

| 2 3 | 9 10 e XIX |
|---|---------------|
| 1 Comprehensive (Hospital & Medical) 4 5 6 7 8 2 3 Medicare Vision Dental Federal Employees Title XVIII Tit Total Individual Group Supplement Only Only Health Benefit Plan Medicare Me | 9 10 e XIX |
| 1 Comprehensive (Hospital & Medical) 4 5 6 7 8 2 3 Medicare Vision Dental Federal Employees Title XVIII Tit Total Individual Group Supplement Only Only Health Benefit Plan Medicare Me | 9 10 e XIX |
| Medicare Vision Dental Federal Employees Title XVIII Tit Total Individual Group Supplement Only Only Health Benefit Plan Medicare Me | |
| Total Individual Group Supplement Only Only Health Benefit Plan Medicare Me | |
| Total Individual Group Supplement Only Only Health Benefit Plan Medicare Me | lineid Other |
| Total Members at end of: | iicaiu Otner |
| | |
| 1. Prior Year | |
| 2. First Quarter | |
| 3. Second Quarter | |
| 4. Third Quarter | |
| 5. Current Year | |
| Current Year Member Months | |
| Total Member Ambulatory Encounters for Year: | |
| 7 Physician | |
| 8. Non-Physician | |
| 9. Total | |
| | |
| 10. Hospital Patient Days Incurred | |
| 11. Number of Inpatient Admissions | |
| 12. Health Premiums Written (b) | |
| 13. Life Premiums Direct | |
| 14. Property/Casualty Premiums Written | |
| 15. Health Premiums Earned | |
| 16. Property/Casualty Premiums Earned | |
| 17. Amount Paid for Provision of Health Care Services. | |
| 18 Amount Incurred for Provision of Health Care Services | |



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

| REPORT FOR: 1. CORPORATION | | | | | 2 | | | | | |
|--|----------------------|------------|---------------------|------------|--------|---------------|---------------------|-------------|--------------|-------|
| | | | | | | | | (LOCATIO | DN) | |
| NAIC Group Code BU | ISINESS IN THE STATE | OF Texas | | | | DURING THE YE | AR 2017 | NAIC Co | mpany Code | |
| , | 1 | | Hospital & Medical) | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | | 2 | 3 | | | | | | | |
| | | | | Medicare | Vision | Dental | Federal Employees | Title XVIII | Title XIX | |
| | Total | Individual | Group | Supplement | Only | Only | Health Benefit Plan | Medicare | Medicaid | Other |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| 2. First Quarter | | | | | | | - | | - | |
| 3. Second Quarter | | | | | | | - | | - | |
| 4. Third Quarter | | | | | | | - | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7 Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care Service | PS | | | | | | | | | |
| 18 Amount Incurred for Provision of Health Care Ser | vices | | | | | | | | | |



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

| REPORT FOR: 1. CORPORATION | | | | | 2 | | | | | |
|--|----------------------|---------------|----------------------|------------|--------|---------------|---------------------|-------------|------------|-------|
| | | | | | | | | (LOCATIO | ON) | |
| NAIC Group Code | BUSINESS IN THE STAT | TE OF Vermont | | | | DURING THE YE | AR 2017 | NAIC Co | mpany Code | |
| , | 1 | | (Hospital & Medical) | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | | 2 | 3 | | | | | | | |
| | | | | Medicare | Vision | Dental | Federal Employees | Title XVIII | Title XIX | |
| | Total | Individual | Group | Supplement | Only | Only | Health Benefit Plan | Medicare | Medicaid | Other |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | |
| | | | | | | | | | | |
| 2. First Quarter | | | | | | | <u> </u> | | | |
| Second Quarter | | | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Yea | ar: | | | | | | | | | |
| 7 Physician | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | |
| 9. Total | | | | | | | | | | |
| Hospital Patient Days Incurred | | | | | | | | | | |
| Number of Inpatient Admissions | | | | | | | | | | |
| · | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care | e Services | | | | | | | | | |
| 18 Amount Incurred for Provision of Health (| Care Services | | | | | | | | | |



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

| REPORT FOR: 1. CORPORATION | | | | | 2. | | | | | |
|--|-------------------------|-------------------|----------------------|------------------------|----------------|----------------|--|-------------------------|-----------------------|-------|
| | | | | | | | | (LOCATIO | N) | |
| NAIC Group Code | BUSINESS IN THE STATE C | | | | | DURING THE Y | | | mpany Code | |
| | 1 | Comprehensive (Ho | ospital & Medical) 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | | _ | · · | | V | 5 | | T'' | T11 VIV | |
| | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | | - | | | | | | | | |
| 2. First Quarter | | - | | | | | | | | |
| Second Quarter | | - | | | | | | | | |
| 4. Third Quarter | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | |
| 6. Current Year Member Months | | | | | | | | | | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7 Physician | | - | | | | | | | | |
| 8. Non-Physician | | - | | | | | | | | |
| 9. Total | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | |
| 13. Life Premiums Direct | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | |
| 17. Amount Paid for Provision of Health Care S | ervices | - | | | | | | | | |
| 18 Amount Incurred for Provision of Health Car | re Services | | | | | | | | | |



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

| REPORT FOR: 1. CORPORATION | | | | | | 2 | | | | | |
|---|--------------------|-----------------|------------------|---------------------|------------|--------|---------------|---------------------|-------------|------------|----------|
| | | | | | | | | | (LOCATIC | N) | |
| NAIC Group Code | BUSINESS | IN THE STATE OF | - Washington | | | | DURING THE YE | AR 2017 | NAIC Co | mpany Code | |
| | | 1 | Comprehensive (I | Hospital & Medical) | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | | | 2 | 3 | | | | | | | |
| | | | | | Medicare | Vision | Dental | Federal Employees | Title XVIII | Title XIX | |
| | | Total | Individual | Group | Supplement | Only | Only | Health Benefit Plan | Medicare | Medicaid | Other |
| Total Members at end of: | | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | | |
| | | | | | | | | | | | |
| 2. First Quarter | | | | | | | - | | | | - |
| Second Quarter | | | | - | | | | | | | <u> </u> |
| 4. Third Quarter | | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | | |
| Current Year Member Months | | | | | | | | | | | |
| | V | | | | | | | | | | |
| Total Member Ambulatory Encounters for | | | | | | | | | | | |
| 7 Physician | | | | | | | | | | | |
| 8. Non-Physician | | | | | | | | | | | |
| 9. Total | | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | | |
| Number of Inpatient Admissions | | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | | |
| 13. Life Premiums Direct | | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | | |
| 15. Health Premiums Earned | | | | | | | | | | | |
| | | | | | | | | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | | |
| 17. Amount Paid for Provision of Health | Care Services | | | | | | | | | | |
| 18 Amount Incurred for Provision of Hea | Ilth Care Services | | | | | | | | | | |



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Humana Benefit Plan of Illinois, Inc. 2. Peoria, IL

| | | | | | | | | (LOCATION | ١) | |
|--|-------------------|--------------------|-------------------|------------------------|----------------|----------------|--|-------------------------|-----------------------|-------|
| NAIC Group Code 0119 BUSINESS | S IN THE STATE OF | | | | | DURING THE YE | | | pany Code | 60052 |
| | 1 | Comprehensive (Hos | spital & Medical) | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | 5,894 | 0 | 0 | 0 | 0 | 0 | 0 | 5,894 | 0 | |
| 2. First Quarter | 6,385 | 0 | 0 | 0 | 0 | 0 | 0 | 6,385 | 0 | |
| 3. Second Quarter | 6,366 | 0 | 0 | 0 | 0 | 0 | 0 | 6,366 | 0 | |
| 4. Third Quarter | 6,331 | 0 | 0 | 0 | 0 | 0 | 0 | 6,331 | 0 | |
| 5. Current Year | 6,312 | 0 | 0 | 0 | 0 | 0 | 0 | 6,312 | 0 | |
| 6. Current Year Member Months | 76,207 | 0 | 0 | 0 | 0 | 0 | 0 | 76,207 | 0 | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7 Physician | 145,830 | 0 | 0 | 0 | 0 | 0 | 0 | 145,830 | 0 | |
| 8. Non-Physician | 105,500 | 0 | 0 | 0 | 0 | 0 | 0 | 105,500 | 0 | |
| 9. Total | 251,330 | 0 | 0 | 0 | 0 | 0 | 0 | 251,330 | 0 | |
| 10. Hospital Patient Days Incurred | 22,716 | 0 | 0 | 0 | 0 | 0 | 0 | 22,716 | 0 | |
| 11. Number of Inpatient Admissions | 2,239 | 0 | 0 | 0 | 0 | 0 | 0 | 2,239 | 0 | |
| 12. Health Premiums Written (b) | 83,270,102 | 0 | 0 | 0 | 0 | 0 | 0 | 83,270,102 | 0 | |
| 13. Life Premiums Direct | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 14. Property/Casualty Premiums Written | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 15. Health Premiums Earned | 83,270,102 | 0 | 0 | 0 | 0 | 0 | 0 | 83,270,102 | 0 | |
| 16. Property/Casualty Premiums Earned | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 17. Amount Paid for Provision of Health Care Services | 76 , 134 , 490 | 0 | 0 | 0 | 0 | 0 | 0 | 76 , 134 , 490 | 0 | |
| 18 Amount Incurred for Provision of Health Care Services | 76,627,080 | 0 | 0 | 0 | 0 | 0 | 0 | 76,627,080 | 0 | |

⁽a) For health business: number of persons insured under PPO managed care products

^{.....6,312} and number of persons insured under indemnity only products

⁽b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

| | | | | | | | | (LOCATION | ۷) | |
|--|-----------------|--------------------|-------|------------------------|----------------|----------------|--|-------------------------|-----------------------|-------|
| NAIC Group Code 0119 BUSINESS | IN THE STATE OF | | | | | DURING THE YE | AR 2017 | NAIC Com | npany Code | 60052 |
| | 1 | Comprehensive (Hos | | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | | 2 | 3 | | | | | | | |
| | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 2. First Quarter | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 3. Second Quarter | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 4. Third Quarter | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 5. Current Year | 47 | 0 | 0 | 47 | 0 | 0 | 0 | 0 | 0 | |
| 6. Current Year Member Months | 151 | 0 | 0 | 151 | 0 | 0 | 0 | 0 | 0 | ı |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7 Physician | 94 | 0 | 0 | 94 | 0 | 0 | 0 | 0 | 0 | |
| 8. Non-Physician | 45 | 0 | 0 | 45 | 0 | 0 | 0 | 0 | 0 | |
| 9. Total | 139 | 0 | 0 | 139 | 0 | 0 | 0 | 0 | 0 | |
| 10. Hospital Patient Days Incurred | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | ı |
| 11. Number of Inpatient Admissions | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | ı |
| 12. Health Premiums Written (b) | 28,000 | 0 | 0 | 28,000 | 0 | 0 | 0 | 0 | 0 | |
| 13. Life Premiums Direct | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | ı |
| 14. Property/Casualty Premiums Written | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 15. Health Premiums Earned | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 16. Property/Casualty Premiums Earned | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 17. Amount Paid for Provision of Health Care Services | 11,495 | 0 | 0 | 11,495 | 0 | 0 | 0 | 0 | 0 | |
| 18 Amount Incurred for Provision of Health Care Services | 15,039 | 0 | 0 | 15,039 | 0 | 0 | 0 | 0 | 0 | |

⁽a) For health business: number of persons insured under PPO managed care products ______0 and number of persons insured under indemnity only products _____0.

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$ _____0.



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

| REPORT FOR: 1. CORPORATION | | | | | | 2 | | | | | |
|---|------------------|------------|-----------------|---------------------|------------|--------|---------------|---------------------|-------------|------------|-------|
| | | | | | | | | | (LOCATIO | ON) | |
| NAIC Group Code | BUSINESS IN TH | E STATE OF | Wyoming | | | | DURING THE YE | AR 2017 | NAIC Co | mpany Code | |
| | | 1 | Comprehensive (| Hospital & Medical) | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | | | 2 | 3 | | | | | | | |
| | | | | | Medicare | Vision | Dental | Federal Employees | Title XVIII | Title XIX | |
| | - | Total | Individual | Group | Supplement | Only | Only | Health Benefit Plan | Medicare | Medicaid | Other |
| Total Members at end of: | | | | | | | | | | | |
| 1. Prior Year | | | | | | | | | | | |
| | | | | | | | | | | | |
| 2. First Quarter | | | | - | | | - | | | | |
| Second Quarter | | | | - | | | | | | | |
| 4. Third Quarter | | | | | | | | | | | |
| 5. Current Year | | | | | | | | | | | |
| Current Year Member Months | | | | | | | | | | | |
| Total Member Ambulatory Encounters for \ | /oar: | | | | | | | | | | |
| | | | | | | | | | | | |
| 7 Physician | | | | - | | | - | | | | - |
| 8. Non-Physician | | | | | | | | | | | |
| 9. Total | | | | | | | | | | | |
| 10. Hospital Patient Days Incurred | | | | | | | | | | | |
| 11. Number of Inpatient Admissions | | | | | | | | | | | |
| 12. Health Premiums Written (b) | | | | | | | | | | | |
| 13. Life Premiums Direct | | | | | | | | | | | |
| 14. Property/Casualty Premiums Written | | | | | | | | | | | |
| | | | | | | | | | | | |
| 15. Health Premiums Earned | | | | - | | | - | | | | |
| 16. Property/Casualty Premiums Earned | | | | | | | | | | | |
| 17. Amount Paid for Provision of Health C | are Services | | | | | | | | | | |
| 18 Amount Incurred for Provision of Healt | th Care Services | | | | | | | | | | |



EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

| | | | | | | | | (LOCATIO | N) | |
|--|-------------------|--------------------|------------------|------------------------|----------------|----------------|--|-------------------------|-----------------------|-------|
| NAIC Group Code 0119 BUSINESS | S IN THE STATE OF | | | | | DURING THE YE | | NAIC Cor | npany Code | 60052 |
| | 1 | Comprehensive (Hos | pital & Medical) | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | Total | Individual | Group | Medicare Supplement | Vision Only | Dental Only | Federal Employees Health Benefit Plan | Title XVIII Medicare | Title XIX Medicaid | Other |
| Total Members at end of: | | | | | | | | | | |
| 1. Prior Year | 87,846 | 0 | 0 | 30 | 0 | 0 | 512 | 87,304 | 0 | |
| 2. First Quarter | 87, 165 | 0 | 0 | 39 | 0 | 0 | 0 | 87,126 | 0 | |
| 3. Second Quarter | 87,497 | 0 | 0 | 39 | 0 | 0 | 0 | 87,458 | 0 | |
| 4. Third Quarter | 87,860 | 0 | 0 | 44 | 0 | 0 | 0 | 87,816 | 0 | |
| 5. Current Year | 88,054 | 0 | 0 | 91 | 0 | 0 | 0 | 87,963 | 0 | |
| 6. Current Year Member Months | 1,050,027 | 0 | 0 | 634 | 0 | 0 | 0 | 1,049,393 | 0 | |
| Total Member Ambulatory Encounters for Year: | | | | | | | | | | |
| 7 Physician | 1,861,529 | 0 | 0 | 603 | 0 | 0 | 638 | 1,860,288 | 0 | |
| 8. Non-Physician | 1,117,598 | 0 | 0 | 388 | 0 | 0 | 313 | 1,116,897 | 0 | |
| 9. Total | 2,979,127 | 0 | 0 | 991 | 0 | 0 | 951 | 2,977,185 | 0 | |
| 10. Hospital Patient Days Incurred | 266,693 | 0 | 0 | 20 | 0 | 0 | 24 | 266,649 | 0 | |
| 11. Number of Inpatient Admissions | 27,465 | 0 | 0 | 5 | 0 | 0 | 2 | 27,458 | 0 | |
| 12. Health Premiums Written (b) | 1,016,807,342 | 0 | 0 | 88,167 | 0 | 0 | 134,228 | 1,016,584,947 | 0 | |
| 13. Life Premiums Direct | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 14. Property/Casualty Premiums Written | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 15. Health Premiums Earned | 1,016,807,342 | 0 | 0 | 88,167 | 0 | 0 | 134,228 | 1,016,584,947 | 0 | |
| 16. Property/Casualty Premiums Earned | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| 17. Amount Paid for Provision of Health Care Services | 827,864,108 | 0 | 0 | 58,953 | 0 | 0 | 371,397 | 827,433,757 | 0 | |
| 18 Amount Incurred for Provision of Health Care Services | 836,082,768 | 0 | 0 | 61,673 | 0 | 0 | (186,339) | 836,207,434 | 0 | |

SCHEDULE S - PART 1 - SECTION 2

| Dainauranaa Aagumad | Assident and Health Incurence | o Listed by Daingurad Compan | v as of December 31. Current Year |
|-------------------------|-------------------------------|---------------------------------|-----------------------------------|
| nellisulative Assultieu | Accident and Health Insurance | e Listed by Reilisuled Collidar | iv as di December 31. Guneni Tear |

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|-----------------|--------|--------------|-------------------|--------------|-------------|--------------|----------|-------------------|---------------------|-------------|-------------------|
| | | | | | | | | Reserve Liability | | | |
| NAIC | | | | | Type of | | | Other Than for | Reinsurance Payable | Modified | |
| Company Code | ID | Effective | | Domiciliary | Reinsurance | | Unearned | Unearned | on Paid and | Coinsurance | Funds Withheld |
| Code | Number | Date | Name of Reinsured | Jurisdiction | Assumed | Premiums | Premiums | Premiums | Unpaid Losses | Reserve | Under Coinsurance |
| | | | | | | | | | | | |
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| | | | | | | | | | | | |
| 9999999 - T | otais | | | | | | | | | | |

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year 2 NAIC Effective Domiciliary Company Unpaid Losses Name of Company Paid Losses Code Number Date Jurisdiction 0399999. Total Life and Annuity - U.S. Affiliates 0 0699999. Total Life and Annuity - Non-U.S. Affiliates 0799999. Total Life and Annuity - Affiliates 0 1099999. Total Life and Annuity - Non-Affiliates 0 0 1199999. Total Life and Annuity 0 1499999. Total Accident and Health - U.S. Affiliates 0 1799999. Total Accident and Health - Non-U.S. Affiliates
189999. Total Accident and Health - Affiliates
189999. Total Accident and Health - Affiliates
189999. Accident and Health - U.S. Non-Affiliates
199999. Accident and Health - U.S. Non-Affiliates 0 0 .29,724 29,724 0 22,882 CT 2199999. Total Accident and Health - Non-Affiliates 2299999. Total Accident and Health 22,882 22,882 29,724 29,724 2399999. Total No. (Sum of 0399999, 0899999, 1499999 and 1999999)
2499999. Total Non-U.S. (Sum of 0699999, 0999999, 1799999 and 2099999) 22,882 29,724 9999999 Totals - Life, Annuity and Accident and Health

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

| | | | Reinsura | ince Ceded Accid | dent and Healt | th Insurance Li | isted by Reinsuring C | company as of Dece | ember 31, Current Yea | ar | | | |
|-----------|---------------|----------------|---|--------------------|-----------------|-----------------|-----------------------|--------------------|-----------------------|---------------|----------------|-------------|----------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Outstanding 9 | Surplus Relief | 13 | 14 |
| | | | | Domi- | | | | | Reserve Credit | 11 | 12 | | |
| NAIC | | | | ciliary | Type of | Type of | | Unearned | Taken Other | | | Modified | Funds Withheld |
| Company | ID | Effective | | Juris- | Reinsurance | Business | | Premiums | than for Unearned | | | Coinsurance | Under |
| Code | Number | Date | Name of Company | diction | Ceded | Ceded | Premiums | (Estimated) | Premiums | Current Year | Prior Year | Reserve | Coinsurance |
| 0399999. | Total General | Account - Au | thorized U.S. Affiliates | | • | • | 0 | , 0 | 0 | 0 | 0 | 0 | 0 |
| 0699999. | Total General | Account - Au | thorized Non-U.S. Affiliates | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0799999. | Total General | Account - Au | thorized Affiliates | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 37273 | 39-1338397 | .10/01/2015 | AXIS INSURANCE COMPANY | IL | SSL/A/I | CMM | 4 | 0 | 0 | 0 | 0 | 0 | 0 |
| 62308 | 06-0303370 | .11/01/2010 | CONNECTICUT GENERAL LIFE INSURANCE CO | CT | QA/A/G | MR | 295,510 | 0 | 0 | 0 | 0 | 0 | 0 |
| 0899999. | General Acco | unt - Authoriz | ed U.S. Non-Affiliates | | | | 295,514 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1099999. | Total General | Account - Au | thorized Non-Affiliates | | | | 295,514 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1199999. | Total General | Account Aut | norized | | | | 295,514 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1499999. | Total General | Account - Ur | nauthorized U.S. Affiliates | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1799999. | Total General | Account - Ur | nauthorized Non-U.S. Affiliates | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 1899999. | Total General | Account - Ur | nauthorized Affiliates | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2199999. | Total General | Account - Ur | nauthorized Non-Affiliates | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2299999. | Total General | Account Una | uthorized | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2599999. | Total General | Account - Ce | ertified U.S. Affiliates | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2899999. | Total General | Account - Ce | ertified Non-U.S. Affiliates | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | ertified Affiliates | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3299999. | Total General | Account - Ce | ertified Non-Affiliates | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3399999. | Total General | Account Cer | tified | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3499999. | Total General | Account Aut | horized, Unauthorized and Certified | | | | 295,514 | 0 | 0 | 0 | 0 | 0 | 0 |
| 3799999. | Total Separat | e Accounts - | Authorized U.S. Affiliates | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4099999. | Total Separat | e Accounts - | Authorized Non-U.S. Affiliates | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4199999. | Total Separat | e Accounts - | Authorized Affiliates | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | Authorized Non-Affiliates | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 4599999. | Total Separat | e Accounts A | uthorized | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | Unauthorized U.S. Affiliates | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5199999. | Total Separat | e Accounts - | Unauthorized Non-U.S. Affiliates | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5299999. | Total Separat | e Accounts - | Unauthorized Affiliates | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 5599999. | Total Separat | e Accounts - | Unauthorized Non-Affiliates | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Total Separat | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | Certified U.S. Affiliates | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | Certified Non-U.S. Affiliates | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 6399999. | Total Separat | e Accounts - | Certified Affiliates | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | Certified Non-Affiliates | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Total Separat | | | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | uthorized, Unauthorized and Certified | | | | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | 9, 0899999, 1499999, 1999999, 2599999, 3099999, 379 | 9999, 4299999. 48 | 99999, 5399999 | , 5999999 and | | - | | | - | | - |
| | 6499999) | | , | ,, | , | , | 295,514 | 0 | 0 | 0 | 0 | 0 | 0 |
| 7099999. | Total Non-U.S | S. (Sum of 06 | 99999, 0999999, 1799999, 2099999, 2899999, 3199999 | , 4099999, 4399999 | 9, 5199999, 549 | 9999, 6299999 | · · | | | | | | |
| | and 6599999 |) | , | • | • | • | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 9999999 - | Totals | | | | | | 295,514 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | | | | | | |

Schedule S - Part 4 **NONE**

Schedule S - Part 4 - Bank Footnote **NONE**

Schedule S - Part 5
NONE

Schedule S - Part 5 - Bank Footnote **NONE**

SCHEDULE S - PART 6

| | Five Year | Exhibit of Reinsuran | nce Ceded Business | s (\$000 Omitted) | , | 1 |
|-----|--|----------------------|--------------------|-------------------|-----------|-----------|
| | | 1 2017 | 2 2016 | 3 2015 | 4 2014 | 5 2013 |
| | A. OPERATIONS ITEMS | | | | ===: | |
| | | 0 | 0 | 7 | 0 | _ |
| 1. | Premiums | | | | | |
| 2. | Title XVIII - Medicare | | | 234 | | 0 |
| 3. | Title XIX - Medicaid | 0 | 0 | 0 | 0 | 0 |
| 4. | Commissions and reinsurance expense allowance | 7 | 5 | 0 | 0 | 0 |
| 5. | Total hospital and medical expenses | 247 | 132 | 169 | 0 | 0 |
| | B. BALANCE SHEET ITEMS | | | | | |
| 6. | Premiums receivable | 0 | 0 | 0 | 0 | 0 |
| 7. | Claims payable | 30 | 12 | 27 | 0 | 0 |
| 8. | Reinsurance recoverable on paid losses | 23 | 11 | 29 | 0 | 0 |
| 9. | Experience rating refunds due or unpaid | 0 | 0 | 0 | 0 | 0 |
| 10. | Commissions and reinsurance expense allowances due | | 0 | 0 | | 0 |
| 11. | Unauthorized reinsurance offset | | | 0 | 0 | 0 |
| 12. | Offset for reinsurance with Certified Reinsurers | 0 | 0 | 0 | 0 | 0 |
| | C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM) | | | | | |
| 13. | Funds deposited by and withheld from (F) | 0 | 0 | 0 | 0 | 0 |
| 14. | Letters of credit (L) | 0 | 0 | 0 | 0 | 0 |
| 15. | Trust agreements (T) | 0 | 0 | 0 | 0 | 0 |
| 16. | Other (O) | 0 | 0 | 0 | 0 | 0 |
| | D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM) | | | | | |
| 17. | Multiple Beneficiary Trust | 0 | 0 | 0 | 0 | 0 |
| 18. | Funds deposited by and withheld from (F) | 0 | 0 | 0 | 0 | 0 |
| 19. | Letters of credit (L) | 0 | 0 | 0 | 0 | 0 |
| 20. | Trust agreements (T) | 0 | 0 | 0 | | 0 |
| 21. | Other (O) | 0 | 0 | 0 | 0 | 0 |

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

| | , | 1 As Reported (net of ceded) | 2 Restatement Adjustments | 3 Restated (gross of ceded) |
|-----|---|------------------------------------|---------------------------------|-----------------------------------|
| | ASSETS (Page 2, Col. 3) | | | |
| 1. | Cash and invested assets (Line 12) | 317, 190, 175 | 0 | 317, 190, 175 |
| 2. | Accident and health premiums due and unpaid (Line 15) | 26,312,140 | 0 | 26,312,140 |
| 3. | Amounts recoverable from reinsurers (Line 16.1) | 22,882 | (22,882) | 0 |
| 4. | Net credit for ceded reinsurance | XXX | 25,765 | 25,765 |
| 5. | All other admitted assets (Balance) | 23,507,469 | (764) | 23,506,705 |
| 6. | Total assets (Line 28) | 367,032,666 | 2,119 | 367,034,785 |
| | LIABILITIES, CAPITAL AND SURPLUS (Page 3) | | | |
| 7. | Claims unpaid (Line 1) | 74,679,071 | 29,724 | 74,708,795 |
| 8. | Accrued medical incentive pool and bonus payments (Line 2) | 11,084,563 | 0 | 11,084,563 |
| 9. | Premiums received in advance (Line 8) | 1,413,788 | 0 | 1,413,788 |
| 10. | Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount) | 0 | 0 | 0 |
| 11. | Reinsurance in unauthorized companies (Line 20 minus inset amount) | 0 | 0 | 0 |
| 12. | Reinsurance with Certified Reinsurers (Line 20 inset amount) | 0 | 0 | 0 |
| 13. | Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount) | 0 | 0 | 0 |
| 14. | All other liabilities (Balance) | 70,940,719 | (27,605) | 70,913,114 |
| 15. | Total liabilities (Line 24) | 158,118,141 | 2,119 | 158,120,260 |
| 16. | Total capital and surplus (Line 33) | 208,914,525 | XXX | 208,914,525 |
| 17. | Total liabilities, capital and surplus (Line 34) | 367,032,666 | 2,119 | 367,034,785 |
| | NET CREDIT FOR CEDED REINSURANCE | | | |
| 18. | Claims unpaid | 29,724 | | |
| 19. | Accrued medical incentive pool | 0 | | |
| 20. | Premiums received in advance | 0 | | |
| 21. | Reinsurance recoverable on paid losses | 22,882 | | |
| 22. | Other ceded reinsurance recoverables | . 764 | | |
| 23. | Total ceded reinsurance recoverables | 53,370 | | |
| 24. | Premiums receivable | 0 | | |
| 25. | Funds held under reinsurance treaties with authorized and unauthorized reinsurers | 0 | | |
| 26. | Unauthorized reinsurance | 0 | | |
| 27. | Reinsurance with Certified Reinsurers | 0 | | |
| 28. | Funds held under reinsurance treaties with Certified Reinsurers | 0 | | |
| 29. | Other ceded reinsurance payables/offsets | 27,605 | | |
| 30. | Total ceded reinsurance payables/offsets | 27,605 | | |
| 31. | Total net credit for ceded reinsurance | 25,765 | | |

SCHEDULE T - PART 2

INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories Direct Business Only 2 3 6 Disability Income Long-Term Care Annuities Life (Group and Individual) (Group and (Group and (Group and Deposit-Type States, Etc. Individual) Individual) Individual) Contracts Totals 1. Alabama Alaska 3. 4. AR 5. California ... CA 6 Colorado CO Connecticut CT 7. 8. DE Delaware 9. 10. Florida FL 11. Georgia GA Hawaii HI 13.ID 14.IL Indiana 15IN 16. lowa IA 17. Kansas KS 18. Kentucky KY 19. Louisiana LA 20. Maine ME MD 21. Maryland 22. Massachusetts MA 23. Michigan MI 24. Minnesota MN 25. Mississippi MS 26. Missouri MO MT 27. Montana 28. Nebraska 29. Nevada 31. New Jersey 32. New Mexico 33. New York 34. North Carolina NC ND 35. North Dakota OH 36. Ohio 37. Oklahoma OK 38.OR Oregon 39. Pennsylvania PA 40. Rhode Island RI 41. South Carolina SC 42. South Dakota SD 43 Tennessee TN 44 Texas TX Utah UT 45. Vermont VT 46. 47. Virginia VA 48. Washington WA 49. West Virginia WV 50. Wisconsin WI 51. Wyoming WY 52. American Samoa AS 53 Guam GU PR 54. Puerto Rico 55. U.S. Virgin Islands _____ VI 56. Northern Mariana Islands MP 57. Canada CAN Aggregate Other Alien OT

59.

Total

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| | | | | PA | MI I | A - DE I AI | L OF INSURANCE | J⊏ [| JOLL | ING COMPANT | SISIEM | | | | |
|--------------|-------------|----------------|----------------------------|---------|------|--------------------|--|----------------|------------|--|--------------------|---------|-----------------------|---------|--------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| | | | | | | | | | | | Type | If | | , | |
| | | | | | | | | | | | of Control | Control | | 1 |] , |
| | | | | | | | | | | | (Ownership, | is | | ls an | |
| | | | | | | Name of Securities | | | Relation- | | Board, | Owner- | | SCA | |
| | | | | | | Exchange | | Domi- | ship | | Management, | ship | | Filing |] , |
| | | NAIC | | | | if Publicly Traded | Names of | ciliary | to | | Attorney-in-Fact, | Provide | | Re- |] , |
| Group | | Company | ID | Federal | | (U.S. or | Parent, Subsidiaries | Loca- | Reporting | Directly Controlled by | Influence, | Percen- | Ultimate Controlling | quired? | |
| Code | Group Name | Code | Number | RSSD | CIK | International) | Or Affiliates | tion | Entity | (Name of Entity/Person) | Other) | tage | Entity(ies)/Person(s) | (Y/N) | * |
| 0119 | Humana Inc. | 00000 | 65-0851053 | | | | 154th Street Medical Plaza, Inc. | FL | NIA | CAC-Florida Medical Centers, LLC | Ownership | 100.000 | Humana Inc. | | 0 |
| 0119 | Humana Inc | 00000 | 20-0381804 | | | | 1st Choice Home Health Care, LLC | FL | NI A | SeniorBridge Family Companies (FL), Inc | Ownership | 100.000 | Humana Inc. | | 0 |
| 0119 | Humana Inc. | 00000 | 20-5309363 | | | | 515-526 W MainSt Condo Council of Co-Owners | KY | NI A | Preservation on Main, Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| 0119 0119 | Humana Inc | 00000 | 65-0293220 45-3818750 | | | | 54th Street Medical Plaza, Inc American Eldercare of North Florida, LLC | FL | NIA NIA | CAC-Florida Medical Centers, LLC SeniorBridge Family Companies (FL), Inc | Ownership | 100.000 | Humana Inc. | | 0 |
| 0119 | Humana Inc. | 00000 | 65-0380198 | | | | American Eldercare, Inc. | | NI A | American Eldercare of North Florida, LLC | Ownership | 100.000 | Humana Inc. | | 0 |
| 0119 | Humana Inc. | 12151 | 20-1001348 | | | | Arcadian Health Plan. Inc. | | IA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| 0119 | Humana Inc. | 00000 | 59-3715944 | | | | Availity, L.L.C. | DE | OTH | See Footnote 1 | Board of Directors | 0.000 | Humana Inc. | | 1 |
| 0119 | Humana Inc. | 00000 | 30-0117876 | | | | CAC Medical Center Holdings, Inc. | FL | NI A | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| 0119 | Humana Inc. | 00000 | 26-0010657 | | | | CAC-Florida Medical Centers, LLC | FL | NI A | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| 0119 | Humana Inc. | 00000 | 26-0815856 | | | | Care Partners Home Care, LLC | FL | NI A | SeniorBridge Family Companies (FL), Inc | Ownership | 100.000 | Humana Inc. | | 0 |
| 0119 | Humana Inc. | 00000 | . 39-1514846 | | | | CareNetwork, Inc. | WI | NI A | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| | Humana Inc. | 95092 95754 | 59-2598550 62-1579044 | | | | CarePlus Health Plans, Inc. | FL TN | IAIA | CAC Medical Center Holdings, IncPHP Companies. Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| 0119 | Humana Inc | 95158 | 61-1279717 | | | | CHA HMO. Inc. | KY | IA | CHA Service Company | Ownership | 100.000 | Humana Inc. | | 0 0 |
| 0119 | Humana Inc. | 95156 | 61-1279716 | | | | CHA Service Company | KY | NIA | Humana Health Plan, Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| 0119 | Humana Inc. | 52015 | 59-2531815 | | | | CompBenefits Company | FL | IA | Humana Dental Company | Ownership | 100.000 | Humana Inc. | | 0 |
| 0119 | Humana Inc. | 00000 | 04-3185995 | | | | CompBenefits Corporation | DE | NI A | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| 0119 | Humana Inc. | 11228 | 36-3686002 | | | | CompBenefits Dental, Inc. | IL | IA | Dental Care Plus Management Corporation | Ownership | 100.000 | Humana Inc. | | 0 |
| | Humana Inc. | 00000 | 58-2228851 | | | | CompBenefits Direct, Inc. | DE | NI A | Humana Dental Company | Ownership | 100.000 | Humana Inc. | | 0 |
| 0119 | Humana Inc | 60984 | 74-2552026 | | | | CompBenefits Insurance Company | TX | IA | Humana Dental Company | Ownership | 100.000 | Humana Inc. | | 0 |
| 0119 | Humana Inc. | 00000 | 45-3713941 | | | | Complex Clinical Management, Inc. | FL | NI A | SeniorBridge Family Companies (FL), Inc | Ownership | 100.000 | Humana Inc. | | 0 |
| 0119 0119 | Humana Inc. | 00000 | . 42-1575099 59-2716023 | | | | Comprehensive Health Insights, Inc. | IL FL | NIA NIA | Humana Inc | Ownership | 100.000 | Humana Inc. | | 0 |
| 0119 | Humana Inc. | 00000 | 20-5646291 | | | | Continucare MDHC, LLC | FL | NIA | Continucare Corporation | Ownership | 100.000 | Humana Inc. | | 0 |
| 0119 | Humana Inc. | 00000 | 65-0791417 | | | | Continucare Medical Management, Inc. | FL | NIA | Continucare Corporation | Ownership | 100.000 | Humana Inc. | | 0 |
| 0119 | Humana Inc. | 00000 | 65-0780986 | | | | Continucare MSO. Inc. | FL | NIA | Continuoure Corporation | Ownership | 100.000 | Humana Inc. | | 0 |
| | Humana Inc. | 00000 | 75-2043865 | | | | Humana Behavioral Health, Inc. | TX | IA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| 0119 | Humana Inc. | 00000 | 33-0916248 | | | | DefenseWeb Technologies, Inc. | DE | NI A | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| 0119 | Humana Inc. | 00000 | 36-3512545 | | | | Dental Care Plus Management Corp. | IL | NI A | Humana Dental Company | Ownership | 100.000 | Humana Inc. | | 0 |
| 0119 | Humana Inc. | 95161 | 76-0039628 | | | | DentiCare, Inc. | TX | IA | Humana Dental Company | Ownership | 100.000 | Humana Inc. | | 0 |
| 0119 0119 | Humana Inc. | 88595 00000 | 31-0935772 | | | | Emphesys Insurance Company | TX | IA NIA | Emphesys, Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| 0119 | Humana Inc. | 00000 | 27-1649291 | | | | Harris, Rothenberg International Inc. | NY | NI A | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| | Humana Inc. | | 61-1223418 | | | | Health Value Management, Inc. | DE | NIA | Humana Inc. | Ownership. | 100.000 | Humana Inc. | | 0 |
| | | | | | | | Humana EAP and Work-Life Services of | | | | | | | | |
| 0119 | Humana Inc. | 00000 | 46-4912173 | | | | California, Inc. | CA | IA | Harris, Rothenberg International Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| | Humana Inc | 00000 | 26-3592783 | | | | HUM Provider Holdings, LLC | DE | NI A | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| 0119 | Humana Inc. | | 20-4835394 | | | | Humana Active Outlook, Inc. | KY | NI A | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| 0119 | Humana Inc. | 00000 | 75-2739333 | | | | Humana At Home (Dallas), Inc. | TX | NIA | ROHC, L.L.C. | Ownership | 100.000 | Humana Inc. | | 0 |
| 0119 | Humana Inc. | 00000 | 76-0537878 | | | | Humana At Home (Houston), Inc. | TX MA | NIA NIA | ROHC, L.L.C. | Ownership | 100.000 | Humana Inc. | | 0 |
| 0119 0119 | Humana Inc | 00000 | 04-3580066 | | | | Humana at Home (MA), Inc. | . MA . FL | NIA | Humana at Home, Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| 0119 | Humana Inc. | 00000 | 13-4036798 | | | | Humana at Home Inc. | . FL | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| 0119 | Humana Inc. | 60052 | 37-1326199 | | | | Humana Benefit Plan of Illinois, Inc. | IL | RE | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| 0119 | Humana Inc. | 00000 | 59-1843760 | | | | Humana Dental Company | FL | NI A | CompBenefits Corporation | Ownership | 100.000 | Humana Inc. | | 0 |
| 0119 | Humana Inc. | 95519 | 58-2209549 | | | | Humana Employers Health Plan of GA. Inc | GA | IA | Humana Insurance Company | Ownership | 100.000 | Humana Inc. | | 0 |
| 0119 | Humana Inc | 00000 | 61-1241225 | | | | Humana Government Business, Inc. | DE | NI A | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| | Humana Inc. | 95642 | 72-1279235 | | | | Humana Health Benefit Plan of LA, Inc. | LA | IA | Humana Insurance Company | Ownership | 100.000 | Humana Inc. | | 0 |
| 0119 | Humana Inc. | 13558 | . 26-2800286 | | | | Humana Health Company of New York, Inc. | NY | IA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| 0119 | Humana Inc. | 69671 00000 | 61-1041514 | | | | Humana Health Ins. Co. of Florida, Inc Humana Health Plan of California, Inc. | FL | IA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| | Humana Inc. | | 31-1154200 | | | | Humana Health Plan of California, Inc. | OH | ΙΔ | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| | Humana Inc. | | 61-0994632 | | | | Humana Health Plan of Texas, Inc. | TX | IA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| 1 | - nana-na | DOULT | 1 0 1 000 TOUL | | | | The second results of the second seco | - 1 / | | The second secon | - vvi viii p | | | | |

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

| | | | | PA | ווחו | A - DE I AI | L OF INSURANC | ∕⊏ ſ | JOLL | ING COMPANT | SISIEM | | | | |
|--------------|-------------|---------|--------------------------|---------|------|--------------------|--|----------|--------------|--|-------------------|---------|-----------------------|---------|--------|
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| | | | | | | | | | | | of Control | Control | | Į, | 1 |
| | | | | | | | | | | | (Ownership, | is | | ls an | 1 |
| | | | | | | Name of Securities | | | Relation- | | Board, | Owner- | | SCA | 1 |
| | | | | | | Exchange | | Domi- | ship | | Management, | ship | | Filina | 1 |
| | | NAIC | | | | if Publicly Traded | Names of | ciliary | to | | Attorney-in-Fact, | Provide | | Re- | 1 |
| Group | | Company | ID | Federal | | (U.S. or | Parent, Subsidiaries | Loca- | Reporting | Directly Controlled by | Influence, | Percen- | Ultimate Controlling | quired? | 1 |
| Code | Group Name | Code | Number | RSSD | CIK | International) | Or Affiliates | tion | Entity | (Name of Entity/Person) | Other) | tage | Entity(ies)/Person(s) | (Y/N) | * |
| 0119 | Humana Inc. | 95885 | 61-1013183 | TIGGD | Oiix | international) | Humana Health Plan. Inc. | KY | IA | Humana Inc. | Ownership | 100.000 | Humana Inc. | (1/14) | |
| 0119 | Humana Inc. | 95721 | 66-0406896 | | | | Humana Health Plans of Puerto Rico. Inc. | PR | IA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| 0119 | Humana Inc. | 00000 | 61-0647538 | | | NYSE | Humana Inc | DE | UDP | See Footnote 2 | Other | 0.000 | See Footnote 2 | | 2 |
| 0119 | Humana Inc. | 00000 | 61-1343791 | | | | Humana Innovation Enterprises, Inc. | DE | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| 0119 | Humana Inc. | 73288 | 39-1263473 | | | | Humana Insurance Company | WI | IA | CareNetwork, Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| 0119 | Humana Inc. | 60219 | 61-1311685 | | | | Humana Insurance Company of Kentucky | KY | IA | Humana Insurance Company | Ownership | 100.000 | Humana Inc. | | 0 |
| 0119 | Humana Inc. | 12634 | 20-2888723 | | | | Humana Insurance Company of New York | NY | IA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| 0119 | Humana Inc. | 84603 | 66-0291866 | | | | Humana Insurance of Puerto Rico, Inc | PR | IA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| 0119 | Humana Inc. | 00000 | 20-3364857 | - | | | Humana MarketPOINT of Puerto Rico, Inc. | PR | NI A | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| 0119 | Humana Inc. | 00000 | 61-1343508 | | | | Humana MarketPOINT, Inc. | KY | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| 0119 | Humana Inc. | 14224 | 27-3991410 | | | | Humana Medical Plan of Michigan, Inc. | MI | IA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| 0119 | Humana Inc. | 12908 | 27-4660531 | | | | Humana Medical Plan of Pennsylvania, Inc | PA UT | IA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| 0119 0119 | Humana Inc. | 95270 | 20-8411422 | | | | Humana Medical Plan of Utah, Inc. | UT FL | IAIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 0 |
| 0119 | Humana Inc. | 00000 | 45-2254346 | | | | Humana Pharmacy Solutions, Inc. | KY | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| 0119 | Humana Inc. | 00000 | 61-1316926 | | | | Humana Pharmacy, Inc. | DE | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| 0119 | Humana Inc. | 12282 | 20-2036444 | | | | Humana Regional Health Plan, Inc. | AR | IA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| 0119 | Humana Inc. | 00000 | 20-8418853 | | | | Humana Veterans Healthcare Services. Inc. | DE | NIA | Humana Government Business. Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| 0119 | Humana Inc. | 00000 | 26-4522426 | | | | Humana WellWorks LLC | DE | NIA | Health Value Management, Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| 0119 | Humana Inc. | 95342 | 39-1525003 | | | | Humana Wisc. Health Org. Ins. Corp. | WI | IA | CareNetwork, Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| 0119 | Humana Inc. | 70580 | 39-0714280 | | | | HumanaDental Insurance Company | WI | IA | HumanaDental. Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| 0119 | Humana Inc. | 00000 | 61-1364005 | | | | HumanaDental, Inc. | DE | NI A | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| 0119 | Humana Inc. | 00000 | 27-4535747 | | | | Go365, LLC | DE | NI A | HumanaWellworks LLC | Ownership | 100.000 | Humana Inc. | | 0 |
| 0119 | Humana Inc. | 00000 | 61-1239538 | | | | Humco, Inc. | KY | NI A | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| 0119 | Humana Inc. | 00000 | 61-1383567 | | | | HUM-e-FL, Inc. | FL | NI A | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| 0119 | Humana Inc. | 00000 | 86-1050795 | | | | Hummingbird Coaching Systems LLC | H | NIA | Harris, Rothenberg International Inc | Ownership | 100.000 | Humana Inc. | | 0 |
| 0119 | Humana Inc. | 00000 | 39-1769093 | | | | Independent Care Health Plan | WI | HTQ | See Footnote 3 | Other | 50.000 | Humana Inc. | | 3 |
| 0119 | Humana Inc. | 65110 | 57-0380426 | | | | Kanawha Insurance Company | SC | IA | KMG America Corporation | Ownership | 100.000 | Humana Inc. | | 0 |
| 0119 0119 | Humana Inc. | 00000 | 20-1377270 61-1232669 | | | | KMG America Corporation | VA | NI A | Humana Inc. | Ownership | 100.000 | Humana Inc | | 0 |
| 0119 | Humana Inc. | 00000 | 65-0879131 | | | | Managed Care Indemnity, Inc | FL | NIA | Metropolitan Health Networks, Inc. | Ownership | 100.000 | Humana Inc. | | 0 0 |
| 0119 | Humana Inc. | 00000 | 65-0635728 | | | | Metropolitan Health Networks, Inc. | FL | NIA | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| 0119 | Humana Inc. | 00000 | 65-0992582 | | | | Naples Health Care Specialists, LLC | FL | NIA | SeniorBridge Family Companies (FL), Inc. | Ownership. | 100.000 | Humana Inc. | | 0 |
| 0119 | Humana Inc. | 00000 | 65-0688221 | | | | Nursing Solutions, LLC | FL | NIA | SeniorBridge Family Companies (FL), Inc | Ownership | 100.000 | Humana Inc. | | 0 |
| 0119 | Humana Inc. | 00000 | 62-1552091 | | | | PHP Companies. Inc. | TN | NIA | Humana Inc. | Ownership. | 100.000 | Humana Inc. | | 0 |
| 0119 | Humana Inc. | 00000 | 62-1250945 | | | | Preferred Health Partnership, Inc. | TN | NIA | PHP Companies, Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| 0119 | Humana Inc. | 00000 | 20-1724127 | | | | Preservation on Main, Inc. | KY | NI A | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| 0119 | Humana Inc. | 00000 | 46-1225873 | | | | Primary Care Holdings, Inc. | DE | NI A | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| 0119 | Humana Inc. | 00000 | 75-2844854 | | | | ROHC, L.L.C. | TX | NI A | Humana at Home, Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| 0119 | Humana Inc. | 00000 | 56-2593719 | - | | | SeniorBridge (NC), Inc. | NC | NI A | Humana at Home, Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| 0119 | Humana Inc. | 00000 | 80-0581269 | | | | SeniorBridge Care Management, Inc. | NY | NI A | Humana at Home, Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| 0119 | Humana Inc. | 00000 | 46-0702349 | | | | SeniorBridge Family Companies (AZ), Inc | AZ | NI A | Humana at Home, Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| 0119 | Humana Inc. | 00000 | 45-3039782 | | | | SeniorBridge Family Companies (CA), Inc. | CA | NI A | Humana at Home, Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| 0119 0119 | Humana Inc. | 00000 | 27-0452360 65-1096853 | | | | SeniorBridge Family Companies (CT), Inc SeniorBridge Family Companies (FL), Inc | CT FL | NI A NI A | Humana at Home, Inc. | Ownership | 100.000 | Humana Inc | | 0 0 |
| 0119 | Humana Inc. | 00000 | 02-0660212 | | | | SeniorBridge Family Companies (FL), Inc | FL | NIA | Humana at Home, Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| 0119 | Humana Inc. | 00000 | 20-0301155 | | | | SeniorBridge Family Companies (IL), Inc | IN | NIA | Humana at Home, Inc. | Ownership. | 100.000 | Humana Inc. | | 0 |
| 0119 | Humana Inc. | 00000 | 81-0557727 | | | | SeniorBridge Family Companies (MD), Inc | MD | NIA | Humana at Home, Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| 0119 | Humana Inc. | 00000 | 46-0677759 | | | | SeniorBridge Family Companies (MO), Inc. | MO | NIA | Humana at Home, Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| 0119 | Humana Inc. | 00000 | 36-4484449 | | | | SeniorBridge Family Companies (NJ), Inc. | NJ | NIA | Humana at Home. Inc. | Ownership. | 100.000 | Humana Inc. | | 0 |
| 0119 | Humana Inc. | 00000 | 36-4484443 | | | | SeniorBridge Family Companies (NY), Inc. | NY | NIA | Humana at Home, Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| 0119 | Humana Inc. | 00000 | 20-0260501 | | | | SeniorBridge Family Companies (OH), Inc | H0 | NI A | Humana at Home, Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| 0119 | Humana Inc. | 00000 | 38-3643832 | | | | SeniorBridge Family Companies (PA), Inc | PA | NIA | Humana at Home, Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| 0119 | Humana Inc. | 00000 | 01-0766084 | | | | Humana At Home (San Antonio), Inc | TX | NI A | Humana at Home, Inc. | Ownership | 100.000 | Humana Inc. | | 0l |

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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| | | | | | | | | | | | of Control | Control | | | |
| | | | | | | | | | | | (Ownership, | is | | ls an | |
| | | | | | | Name of Securities | | | Relation- | | Board, | Owner- | | SCA | |
| | | | | | | Exchange | | Domi- | ship | | Management, | ship | | Filina | |
| | | NAIC | | | | if Publicly Traded | Names of | ciliary | | | Attorney-in-Fact, | Provide | | Re- | |
| Group | | Company | ID | Federal | | (U.S. or | Parent, Subsidiaries | Loca- | Reporting | Directly Controlled by | Influence, | Percen- | | quired? | , |
| | | | | | 0117 | | | | | | | | | | |
| Code | Group Name | Code | Number | RSSD | CIK | International) | Or Affiliates | tion | Entity | (Name of Entity/Person) | Other) | tage | Entity(ies)/Person(s) | (Y/N) | |
| 0119 | Humana Inc. | | 46-0691871 | | | | SeniorBridge Family Companies (VA), Inc | VA | | Humana at Home, Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| 0119 | Humana Inc. | 00000 | 59-2518701 | | | | SeniorBridge-Florida, LLC | FL | NI A | SeniorBridge Family Companies (FL), Inc | Ownership | 100.000 | Humana Inc. | | 0 |
| 0119 | Humana Inc. | 00000 | 74-2352809 | | | | Texas Dental Plans, Inc. | TX | NI A | Humana Dental Company | Ownership | 100.000 | Humana Inc. | | 0 |
| 0119 | Humana Inc. | 54739 | 52-1157181 | | | | The Dental Concern, Inc. | KY | IA | HumanaDental, Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| 0119 | Humana Inc. | 00000 | 75-2600512 | | | | Humana at Home (TLC), Inc. | TX | NI A | ROHC, L.L.C. | Ownership | 100.000 | Humana Inc. | | 0 |
| 0119 | Humana Inc. | 00000 | 80-0072760 | | | | Transcend Insights, Inc. | DE | NI A | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| 0119 | Humana Inc. | 00000 | 46-5329373 | | | | Transcend Population Health Management, LLC | DE | NI A | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| | | | | | | | Humana Management Services of Puerto Rico, | | | | | | | | |
| 0119 | Humana Inc. | 00000 | 66-0872725 | | | | Inc | PR | NI A | Humana Inc. | Ownership | 100.000 | Humana Inc. | | 0 |
| | | | | | | | | | | | · · | | | | |

| Asterisk | Explanation |
|----------|---|
| 1 | Availity, L.L.C., a Delaware limited liability company (Company), was formed by affiliates of Humana Inc. and Blue Cross and Blue Cross and Blue Shield of Florida, Inc. to develop and operate an Internet site on the World Wide Web to permit health plans to communicate and engage in electronic transactions with |
| | health care service providers initially in the State of Florida. The following companies have Common Unit ownership in the Company: HUML-e-FL, Inc., a subsidiary of Humana Inc., is a Member with a 19.4% ownership interest. Navigy, Inc., a subsidiary of Blue Cross and Blue Shield of Florida, |
| | Inc., is a Member with a 29.1% ownership interest, Health Care Service Corporation, a Member, has a 19.4% ownership interest, and MII Services, Inc., a subsidiary of Blue Cross and Blue Shield of Minnesota and |
| | a Member, has 3% ownership interest. |
| 2 | Humana Inc., a Delaware corporation and ultimate parent company in the holding company system, is a publicly traded company on the New York Stock Exchange and ownership fluctuates daily. |
| 3 | Independent Care Health Plan, a Wisconsin corporation licensed as an HMO, operates an integrated, coordinated medical service managed care program for chronically disabled Medicaid recipients in Milwaukee, Wisconsin. CareNetwork, Inc. owns 50% of the company's stock. Centers For |
| | Independence, Inc. owns the other 50%. |

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

| | | PARI 2 | - SUMMA | RY OF INS | SUKER'S | IRANSAC | CTIONS W | IIH ANY A | AFFIL | IAIES | | |
|-------------------------|-------------------|---|-------------------------------|-------------------------------|---|--|--|--|-------|--|----------------|---|
| NAIC Company Code | 2 ID Number | 3 Names of Insurers and Parent, Subsidiaries or Affiliates | 4 Shareholder Dividends | 5 Capital Contributions | Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments | 7 Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s) | 8 Management Agreements and Service Contracts | 9 Income/ (Disbursements) Incurred Under Reinsurance Agreements | 10 | Any Other Material Activity Not in the Ordinary Course of the Insurer's Business | 12 Totals | Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability) |
| | 65-0851053 | 154th Street Medical Plaza, Inc | 0 | 0 | 0 | 0 | (282,834) | 0 | | 0 | (282,834) | 0 |
| | 20-0381804 | 1st Choice Home Health Care, LLC | 0 | 0 | 0 | 0 | 189 | 0 | | 0 | 189 | 0 |
| 00000 | | 515-526 W MainSt Condo Council of Co- | | | | | | | | | | |
| | | Owners | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 0 |
| | 65-0293220 | 54th Street Medical Plaza, Inc | 0 | 0 | 0 | 0 | (1,358,432) | 0 | | 0 | (1,358,432) | 0 |
| | | American Eldercare of North Florida, LLC | 0 | 0 | 0 | 0 | 3,703,597 | 0 | | 0 | 3,703,597 | 0 |
| | | American Eldercare, Inc. | 0 | 0 | 0 | 0 | 41,031,480 | 0 | | 0 | 41,031,480 | 0 |
| | | Arcadian Health Plan, Inc. | 0 | 50,000,000 | 0 | 0 | (69,404,678) | 0 | | 0 | (19,404,678) | 0 |
| | | Availity, L.L.C. | 0 | 0 | 0 | 0 | 0 | 0 | | 0 | 0 | 0 |
| | 30-0117876 | CAC Medical Center Holdings, Inc. | 0 | 0 | 0 | 0 | (148,668) | 0 | | 0 | (148,668) | 0 |
| | 26-0010657 | CAC-Florida Medical Centers, LLC | 0 | 0 | 0 | 0 | (17,638,809) | 0 | | 0 | (17,638,809) | 0 |
| | | Care Partners Home Care, LLC | 0 | 0 | | 0 | 388 | 0 | | | 388 | |
| | 59-2598550 | CareNetwork, Inc | 96,780,000 | | 0 | 0 | (57,029,881) | 0 | | | (616,863) | |
| | | Cariten Health Plan Inc. | 43.650.000 | 0 | 0 | | (162,315,393) | 0 | | | (118,665,393) | |
| | | CHA HMO. Inc. | 43,050,000 | 0 | 0 | 0 | (15,451,559) | 0 | | | (118,665,393) | |
| | 61–1279717 | CHA Service Company | 0 | 0 | 0 | 0 | 15 | 0 | | | (15,451,559) | |
| | | CompBenefits Company | 5,000,000 | 0 | 0 | 0 | (20,398,997) | 0 | | | (15,398,997) | 0 |
| | 04-3185995 | CompBenefits Corporation | 5,000,000 | Λ | 0 n | 0 n | 1,094,032 | o | | n | 1,094,032 | |
| | | CompBenefits Dental, Inc. | 1,000,000 | Λ | | 0 | (3, 101, 323) | 0 | | n | (2,101,323) | |
| | | CompBenefits Direct, Inc. | 1,000,000 | Λ | 0 | 0 | (14,816) | o | | n | (2, 101, 323) | |
| | | CompBenefits Insurance Company | 5,000,000 | Λ | | 0 | (13,724,780) | 0 | | n | (8,724,780) | |
| | 45-3713941 | Complex Clinical Management, Inc. | 0,000,000 | 0 | 0 | 0 | 845,535 | 0 | | 0 | 845,535 | |
| | | Comprehensive Health Insights, Inc. | 0 | 0 | 0 | 0 | 1,268,692 | 0 | | 0 | 1,268,692 | |
| | | Continucare Corporation | 0 | 0 | 0 | 0 | 12,540,516 | 0 | | 0 | 12.540.516 | |
| | | Continucare MDHC. LLC | 0 | 0 | 0 | 0 | (318,435) | 0 | | 0 | (318,435) | |
| | 65-0791417 | Continucare Medical Management, Inc. | 0 | 0 | 0 | 0 | (9,042,005) | 0 | | 0 | (9.042.005) | |
| | | Continucare MSO, Inc. | 0 | 0 | 0 | 0 | (1,311,208) | 0 | | 0 | (1,311,208) | 0 |
| | | DefenseWeb Technologies, Inc. | 0 | 0 | 0 | 0 | (30,758) | 0 | | 0 | (30,758) | 0 |
| | 36-3512545 | Dental Care Plus Management Corp. | 0 | 0 | 0 | 0 | 37,766 | 0 | | 0 | 37,766 | 0 |
| 95161 | 76-0039628 | DentiCare, Inc. | 2,000,000 | 0 | 0 | 0 | (8,564,298) | 0 | | 0 | (6,564,298) | 0 |
| | 31-0935772 | Emphesys Insurance Company | 0 | 0 | 0 | 0 | (1,645) | 0 | | 0 | (1,645) | 0 |
| 00000 | | Emphesys, Inc. | 0 | 0 | 0 | 0 | 239 | 0 | | 0 | 239 | 0 |
| 00000 | | Go365, LLC | 0 | 0 | 0 | 0 | (10,577,032) | 0 | | | (10,577,032) | 0 |
| 00000 | 27-1649291 | Harris, Rothenberg International Inc | 0 | 0 | 0 | 0 | (21, 166, 707) | 0 | | 0 | (21, 166, 707) | 0 |
| 00000 | | Health Value Management, Inc. | 0 | 0 | 0 | 0 | 20,622 | 0 | | 0 | 20,622 | 0 |
| | | HRI Humana of California Inc. | 0 | 0 | 0 | 0 | 73,203 | 0 | | | 73,203 | 0 |
| | | HUM Provider Holdings, LLC | 0 | 0 | 0 | 0 | (3, 133, 073) | 0 | | 0 | (3, 133, 073) | 0 |
| | | Humana Active Outlook, Inc. | 0 | 0 | 0 | 0 | 1,501 | 0 | | 0 | 1,501 | 0 |
| | | Humana At Home (Dallas), Inc | 0 | 0 | 0 | 0 | (594,383) | 0 | | 0 | (594,383) | 0 |
| | | Humana At Home (Houston), Inc | 0 | 0 | 0 | 0 | (938,494) | 0 | | 0 | (938,494) | 0 |
| | | Humana at Home (MA), Inc. | 0 | 0 | 0 | 0 | (1,197,327) | 0 | | 0 | (1, 197, 327) | 0 |
| | | Humana At Home (San Antonio), Inc | 0 | 0 | 0 | 0 | (8,225,420) | 0 | | ļ0 ļ | (8,225,420) | 0 |
| 00000 | 75-2600512 | Humana at Home (TLC), Inc. | 0 | 0 | 0 | 0 | 54 | 0 | | 0 | 54 | 0 |

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

| | PARI 2 | - SUMMAR | RY OF INS | OUKER 5 | IKANSAC | TION2 WI | HIT ANY A | AFFILIATES | | |
|----------------------------------|--|-------------------|---------------|--------------------|--------------------------------|-------------------|-----------------|---------------------|------------------------------|-------------------|
| 1 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 11 | 12 | 13 |
| | | | | | Income/ | | | | | |
| | | | | Purchases, Sales | (Disbursements) Incurred in | | | | | Reinsurance |
| | | | | or Exchanges of | Connection with | | Income/ | Any Other Material | | Recoverable/ |
| | | | | Loans, Securities, | Guarantees or | | (Disbursements) | Activity Not in the | | (Payable) on |
| NAIC | | | | Real Estate, | Undertakings for | Management | Incurred Under | Ordinary Course of | | Losses and/or |
| Company ID | Names of Insurers and Parent, | Shareholder | Capital | Mortgage Loans or | the Benefit of any | Agreements and | Reinsurance | the Insurer's | | Reserve Credit |
| Code Num | | Dividends | Contributions | Other Investments | Affiliate(s) | Service Contracts | Agreements | * Business | Totals | Taken/(Liability) |
| 00000 65-02745 | , | 0 | 0 | 0 | 0 | (82,613,664) | 0 | 0 | (82,613,664) | 0 |
| 00000 13–40367 | | 0 | 0 | 0 | 0 | (862,230) | 0 | 0 | (862,230) | 0 |
| 00000 75–20438 | | 12,220,000 | 0 | 0 | 0 | (13,511,264) | 0 | 0 | (1,291,264) | 0 |
| 60052 37–13261 | | 0 | 0 | 0 | 0 | (104,594,192) | 0 | 0 | (104,594,192) | 0 |
| 00000 59–18437 | 60Humana Dental Company | 0 | 0 | 0 | 0 | 4,153,046 | 0 | 0 | 4 , 153 , 046 | 0 |
| 95519 58–22095 | · · · · · · · · · · · · · · · · · · · | 55,710,000 | 0 | 0 | 0 | (104,936,626) | 0 | 0 - | (49,226,626) | 0 |
| 00000 61–12412 | | 0 | 0 | 0 | 0 | (76,487,687) | 0 | 0 | (76,487,687) | 0 |
| 95642 72-12792 | 35 Humana Health Benefit Plan of LA, Inc | 25,000,000 | 0 | 0 | 0 | (233,031,341) | 0 | 0 - | (208,031,341) | 0 |
| 13558 26–28002 | | 0 | 20,000,000 | 0 | 0 | (12,876,800) | 0 | 0 - | 7, 123, 200 | 0 |
| 69671 61–10415 | | 0 | 75,000,000 | 0 | 0 | 85,039,813 | 0 | <u>0</u> - | 160,039,813 | 0 |
| 00000 26–34733 | | 22,000,000 | 0 | 0 | 0 | 2,096,052 | 0 | <u>0</u> - | 24,096,052 | 0 |
| 95348 31–11542 | | 0 L | 0 | 0 | 0 | (11,488,440) | 0 | <u>0</u> - | (11,488,440) | 0 |
| 95024 61–09946 | | 125,000,000 | 0 | 0 | 0 | (2,836,584) | 0 | 0 | 122,163,416 | 0 |
| 95885 61–10131 | | 0 | 0 | 0 | 0 | (772,761,203) | 0 | <mark>-</mark> - | (772,761,203) | 0 |
| 00000 66-04068 | | 0 | 0 | 0 | 0 | 16,484,697 | 0 | <u>0</u> - | 16,484,697 | 0 |
| 00000 61–06475 | | (1,372,150,000) | (160,000,000) | 0 | 0 | 3,114,511,523 | 0 | 0 | 1,582,361,523 | 0 |
| 00000 61–13437 | | 0 | 0 | 0 | 0 | 19,726 | 0 | <u>0</u> - | 19,726 | 0 |
| 73288 39–12634 | | 844,290,000 | 0 | 0 | 0 | (237,525,108) | (13,387,510) | | 593,377,382 | 29,795,022 |
| 60219 61–13116 | | 0 | 0 | 0 | 0 | (12,614,922) | 13,387,510 | <u>0</u> - | 772,588 | (29,795,022) |
| 12634 20–28887 | | 0 | 0 | 0 | 0 | (30,590,874) | 0 | 0 | (30,590,874). | 0 |
| 00000 66-02918 | | ļ0 . | 0 | 0 | 0 | (16,484,174) | 0 | 0 | (16,484,174) | 0 |
| 00000 66-08727 | · · · · · · · · · · · · · · · · · · · | | | 0 | | 0 | | | | 0 |
| 00000 20–33648 | Rico, Inc 57 Humana MarketPOINT of Puerto Rico, Inc | 0 | 0 | 0 | 0 | 0 | 0 | U | | 0 |
| | | 0 | 0 | 0 | 0 | 502.810.994 | 0 | 0 | 502,810,994 | 0 |
| | | 0 | 0 | 0 | 0 | | 0 | | | 0 |
| 00000 27–39914 14462 27–46605 | | 0 | | 0 | 0 | (11,067,333) | | U | (8,998,859) | |
| | | 0 | | 0 | 0 | (11,067,333) | | | | 0 |
| 12908 20-84114 95270 61-11038 | | 100,000,000 | | 0 | 0 | (878,051,857) | | 0 | (5,822,650) (778,051,857) | |
| 00000 45-22543 | | | | 0 | | (146,612,971) | | ا ا | (146,612,971) | |
| 00000 45-22543 | 26 Humana Pharmacy, Inc. | 0 | | 0 | | (362,942,147) | | 0 | (362,942,147) | |
| 12282 20–20364 | | | | 0 | 0 | (302,942,147) | | 0 | (302,942,147) | ۰ |
| 00000 20-84188 | | | | | | (4,417,923) | | | (4,417,923) | 0 |
| 00000 20-04100 | 55 numana veterans nearthcare services, inc. | 0 | 0 | 0 | 0 | (1,889,745) | 0 | 0 | (1,889,745) | 0 |
| 00000 26-45224 | 26 Humana WellWorks LLC | | ٠ | 0 | | | ٠ | 0 | 325 | 0 |
| 95342 39-15250 | | 0 | 15,000,000 | 0 | 0 | (130,424,827) | | 0 | (115,424,827) | |
| 70580 39-07142 | | 25,000,000 | | U | U | (37,596,503) | ٠ | | (12,596,503) | ⁰ |
| 00000 61–13640 | | 23,000,000 | | U | n | (37,596,503) | ٠ | | 568,851 | n |
| 00000 61-13040 | | | | 0 n | n | 1,154 | n | | 1,154 | o |
| 00000 61-12395 | | 0 | ٥ | U | | (9,615,118) | ٠ | ₀ | (9,615,118) | n |
| 00000 86-10507 | | n | | | n | 2,148,634 | ں۔۔۔۔۔۔۔ | | 2,148,634 | n |
| 00000 80-10307 | | n | | 0 n | n | 2, 140,004 | | | | o |
| 65110 57–03804 | | n | ٠ | 0 n | n | (31,683,046) | ٠ | | (31,683,046) | o |
| 00000 20–13772 | | n | ٠ | N | n | 1.029 | n | 0 | 1.029 | o |
| | 10 NINU AIIICI ICA CUI PUI ALIUII | LU L. | | LU | LU | | | U | | U |

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | I IOINO WI | 9 I | 10 | 11 | 12 | 13 |
|-------------------------|--------------|---|--------------------------|--------------------------|---|--|---|---|-----|--|--------------|---|
| NAIC Company Code | ID Number | Names of Insurers and Parent, Subsidiaries or Affiliates | Shareholder Dividends | Capital Contributions | Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments | Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s) | Management Agreements and Service Contracts | Income/ (Disbursements) Incurred Under Reinsurance Agreements | * | Any Other Material Activity Not in the Ordinary Course of the Insurer's Business | Totals | Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/(Liability) |
| | 61-1232669 | Managed Care Indemnity, Inc | 6,000,000 | 0 | 0 | 0 | (4,256,194) | 0 | | 0 | 1,743,806 | 0 |
| | 65-0879131 | METCARE of Florida, Inc. | 0 | 0 | 0 | 0 | (10,510,809) | 0 | | 0 | (10,510,809) | 0 |
| | 65-0635728 | Metropolitan Health Networks, Inc | 0 | 0 | 0 | 0 | 346,652 | 0 | | 0 | 346,652 | 0 |
| | 65-0992582 | Naples Health Care Specialists, LLC | 0 | 0 | 0 | 0 | 189 | 0 | | 0 | 189 | 0 |
| | 65-0688221 | Nursing Solutions, LLC | 0 | 0 | 0 | 0 | 189 | 0 | | 0 | 189 | 0 |
| | 62-1552091 | PHP Companies, Inc. | 0 | 0 | 0 | 0 | (2,048) | 0 | | 0 | (2,048) | 0 |
| | 62-1250945 | Preferred Health Partnership, Inc. | 0 | 0 | 0 | 0 | 20 | 0 | | 0 | 20 | 0 |
| | 20-1724127 | Preservation on Main, Inc. | 0 | 0 | 0 | 0 | 1,783,161 | 0 | | 0 | 1,783,161 | 0 |
| | 46-1225873 | Primary Care Holdings, Inc | 0 | 0 | 0 | 0 | 667,061 | 0 | | 0 | 667,061 | 0 |
| | 75-2844854 | ROHC, L.L.C. | 0 | 0 | 0 | 0 | (495,261) | 0 | | 0 | (495,261) | 0 |
| | 56-2593719 | SeniorBridge (NC), Inc. | 0 | 0 | 0 | 0 | (5,921,520) | 0 | | 0 | (5,921,520) | 0 |
| | 80-0581269 | SeniorBridge Care Management, Inc | 0 | 0 | 0 | 0 | (550,409) | 0 | | 0 | (550,409) | 0 |
| | 46-0702349 | SeniorBridge Family Companies (AZ), Inc | 0 | 0 | 0 | 0 | (3,410,991) | 0 | | 0 | (3,410,991) | 0 |
| | 45-3039782 | SeniorBridge Family Companies (CA), Inc | 0 [| 0 | 0 | 0 | (600,611) | 0 | | 0 | (600,611) | 0 |
| | 27-0452360 | SeniorBridge Family Companies (CT), Inc | 0 | 0 | 0 | 0 | (1,369,739) | 0 | | | (1,369,739) | 0 |
| | 65-1096853 | SeniorBridge Family Companies (FL), Inc | 0 | 0 | 0 | 0 | 3,515,708 | 0 | | 0 | 3,515,708 | 0 |
| 00000 | 02-0660212 | SeniorBridge Family Companies (IL), Inc | 0 | 0 | 0 | 0 | (6,858,025) | 0 | | 0 | (6,858,025) | 0 |
| 00000 | 20-0301155 | SeniorBridge Family Companies (IN), Inc | 0 | 0 | 0 | 0 | (610,377) | 0 | | 0 | (610,377) | 0 |
| 00000 | 81-0557727 | SeniorBridge Family Companies (MD), Inc | 0 | 0 | 0 | 0 | (595,885) | 0 | | 0 | (595,885) | 0 |
| 00000 | 46-0677759 | SeniorBridge Family Companies (MO), Inc | 0 | 0 | 0 | 0 | (2,381,972) | 0 | | 0 | (2,381,972) | 0 |
| | 36-4484449 | SeniorBridge Family Companies (NJ), Inc | 0 | 0 | 0 | 0 | (2,405,536) | 0 | | 0 | (2,405,536) | 0 |
| | 36-4484443 | SeniorBridge Family Companies (NY), Inc | 0 | 0 | 0 | 0 | 1,719,801 | 0 | | 0 | 1,719,801 | 0 |
| | 20-0260501 | SeniorBridge Family Companies (OH), Inc | 0 | 0 | 0 | 0 | (3,893,165) | 0 | | 0 | (3,893,165) | 0 |
| 00000 | 38-3643832 | SeniorBridge Family Companies (PA), Inc | 0 | 0 | 0 | 0 | (1,407,611) | 0 | | 0 | (1,407,611) | 0 |
| | 46-0691871 | SeniorBridge Family Companies (VA), Inc | 0 | 0 | 0 | 0 | (5,489,723) | 0 | | 0 | (5,489,723) | 0 |
| 00000 | 59-2518701 | SeniorBridge-Florida, LLC | 0 | 0 | 0 | 0 | 189 | 0 | | 0 | 189 | 0 |
| 00000 | 74-2352809 | Texas Dental Plans, Inc. | 0 | 0 | 0 | 0 | (99,914) | 0 | | 0 | (99,914) | 0 |
| 54739 | 52-1157181 | The Dental Concern, Inc | 3,500,000 | 0 | 0 | 0 | (6,395,893) | 0 | | 0 | (2,895,893) | 0 |
| 00000 | 80-0072760 | Transcend Insights, Inc. | 0 | 0 | 0 | 0 | 22,246,988 | 0 | | 0 | 22,246,988 | 0 |
| 00000 | 46-5329373 | Transcend Population Health Management, | | | | | | | | | | |
| | | LLC | 0 | 0 | 0 | 0 | 7,447,960 | 0 | | 0 | 7,447,960 | 0 |
| 9999999 Cor | ntrol Totals | | 0 | 0 | 0 | 0 | 0 | 0 | XXX | 0 | 0 | 0 |

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

| | MARQUEUNO | Responses |
|----------|--|---|
| | MARCH FILING | |
| 1. | Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? | |
| 2. | Will an actuarial opinion be filed by March 1? | |
| 3. | Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? | YES |
| 4. | Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1? | YES |
| | | |
| | APRIL FILING | |
| 5. | Will Management's Discussion and Analysis be filed by April 1? | YES |
| 6. | Will the Supplemental Investment Risks Interrogatories be filed by April 1? | YES |
| 7. | Will the Accident and Health Policy Experience Exhibit be filed by April 1? | YES |
| ٠. | Will the Accident and Teath Folioy Experience Exhibit on fined by April 1: | ILO |
| | JUNE FILING | |
| 0 | Will an audited financial report be filed by June 1? | VEC |
| 8. 9. | Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1? | |
| 9. | will accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 17 | YES |
| | | |
| | AUGUST FILING | |
| 10. | Will the regulator-only (non-public) Communication of Internal Control Related Matters Noted in Audit be filed with the state of domicile and | VE0 |
| | electronically with the NAIC (as a regulator-only non-public document) by August 1? | YES |
| | The following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company of | oes not transact the type of |
| | business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE | |
| | be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and prov | |
| | the interrogatory questions. | ide an explanation lonewing |
| | MARCH FILING | |
| 11. | Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? | YES |
| 12. | Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? | |
| | | |
| 13. | Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? | NO |
| 14. | Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? | YES |
| 15 | Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of | IES |
| 15. | domicile and electronically with the NAIC by March 1? | YES |
| 16 | Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? | |
| 16. | | NU |
| 17. | Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed | NO |
| 10 | electronically with the NAIC by March 1? Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed | INU |
| 18. | electronically with the NAIC by March 1? | NO |
| 19. | Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically | NO |
| 19. | with the NAIC by March 1? | NO |
| | APRIL FILING | |
| 20. | Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? | NO |
| 21. | Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? | |
| | | |
| 22. | Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1? | YES |
| 23. | Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the | YES |
| | NAIC by April 1? | IES |
| 04 | | VEO |
| 24. | Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1? | YES |
| | Explanations: | |
| 13. | This type of business is not written. | |
| 16. | This type of business is not written. | |
| 17. | · | |
| 18. | No relief will be requested. | |
| | No relief will be requested. | |
| 20. | This type of business is not written. | |
| | | |
| | Bar Codes: | |
| 13. | SIS Stockholder Information Supplement [Document Identifier 420] | |
| | SIS Stockholder Information Supplement [Document Identifier 420] | |
| | | |
| 10 | Medicare Part D. Caravage Craplement Decument Identifier 2001 | |
| 16. | Medicare Part D Coverage Supplement [Document Identifier 365] | |
| | | |
| | 6 0 0 5 2 2 0 1 7 3 6 5 0 0 | 0 0 0 |
| 17. | Relief from the five-year rotation requirement for lead audit partner [Document | |
| | Identifier 224] | |
| | | |
| 10 | Polici from the one year easing off period for independent CDA | |
| 18. | Relief from the one-year cooling off period for independent CPA [Document Identifier 225] | |
| | [DOCUMENT INSTRUMENT ALSO | |
| | 6 0 0 6 5 2 2 0 1 7 2 2 5 0 0 0 | 0 0 0 |
| 19. | Relief from the Requirements for Audit Committees [Document Identifier 226] | |
| | | |
| | | |
| 20. | Long-Term Care Experience Reporting Forms [Document Identifier 306] | 88 88 88 1 2 |
| 20. | Long-renii Gale Experience Reporting Forms [Document Identiner 300] | |
| | | II ŠELII ŠELII ŠELI I jii |
| | 8 N N S 2 2 N 1 7 4 N R N N | 0 0 0 |

4. Explain any policies identified above as policy type "O".



SUPPLEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2017 (To Be Filed by March 1)

FOR THE STATE OF North Dakota.

NAIC Group Code 0119 NAIC Company Code 60052

ADDRESS (City, State and Zip Code) Peoria, IL 61615

Person Completing This Exhibit Bryan Oberhol tzer

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | Policies Issued Through 2014 | | | | | Policies Issued in 2015; 2016; 2017 | | |
|-------------|------------------|-----------------|---------|------------|------------|-----------|-----------|--------|------------------|------------------------------|----------|------------|-----------|----------|-------------------------------------|------------|-----------|
| | | | | | | | | | | 11 | Incurred | Claims | 14 | 15 | Incurred | d Claims | 18 |
| | | Standardized | | | | | | | | | 12 | 13 | | | 16 | 17 | |
| Compliance | | Medicare | | Plan | | Date | | | | | | Percent of | Number of | | | Percent of | Number of |
| with | Policy Form | | | Character- | Date | Approval | Date Last | Date | Policy Marketing | Premiums | | Premiums | Covered | Premiums | | Premiums | Covered |
| OBRA | Number | Benefit Plan | Select | istics | Approved | Withdrawn | Amended | Closed | Trade Name | Earned | Amount | Earned | Lives | Earned | Amount | Earned | Lives |
| | NDMESVA | A | NO | 0034000 | 12/13/2013 | | | | | 0 | 0 | 0.0 | 0 | 0 | 0 | 0.0 | 0 |
| | NDMESVF | FF | NO | 0034000 | 12/13/2013 | | | | | 1,770 | 638 | 36.0 | 1 | 30,498 | 25,953 | 85.1 | 19 |
| | NDMESVF(HD) | F | NO | 0034000 | 12/13/2013 | | | | | 0 | 0 | 0.0 | 0 | 873 | 0 | 0.0 | 3 |
| | NDMESVG | G | NO | 0034000 | 12/13/2013 | | | | | 0 | 0 | 0.0 | 0 | 13,141 | 13,430 | 102.2 | 10 |
| | NDMESVK | K | N0 | 0034000 | 12/13/2013 | | | | | 0 | 0 | 0.0 | 0 | ٥ | 0 | 0.0 | 0 |
| | NDMESVN | N | N0 | 0034000 | 12/13/2013 | | | | | 0 | Ω | 0.0 | 0 | 13,885 | 6,613 | 47.6 | 11 |
| 0199999. To | tal Experience o | n Individual Po | olicies | • | | | | | • | 1,770 | 638 | 36.0 | 1 | 58,397 | 45,996 | 78.8 | 43 |

GENERAL INTERROGATORIES

| 1. | If response in Column 1 is no, give full and complete details |
|----|---|
| | |
| 2. | Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state. |
| | 2.1 Address: 101 E. Main Street Louisville, KY 40202 |
| | 2.2 Contact Person and Phone Number: John Myers 502-580-7488 |
| 3. | Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B). |
| | 3.1 Address: 101 E. Main Street Louisville, KY 40202 |
| | 3.2 Contact Person and Phone Number: Matthew Burrows 502-580-0594 |



SUPPLEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2017 (To Be Filed by March 1)

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | | Policies Issued | Through 2014 | | | Policies Issued in | 2015; 2016; 2017 | |
|-------------|------------------|-----------------|----------|------------|------------|-----------|--------------|--------|------------------|----------|-----------------|--------------|-----------|----------|--------------------|------------------|-----------|
| | | | | | | | | | | 11 | Incurred | Claims | 14 | 15 | Incurred | l Claims | 18 |
| | | Standardized | | | | | | | | | 12 | 13 | | | 16 | 17 | |
| Compliance | | Medicare | | Plan | | Date | | | | | | Percent of | Number of | | | Percent of | Number of |
| with | Policy Form | Supplement | Medicare | Character- | Date | Approval | Date Last | Date | Policy Marketing | Premiums | | Premiums | Covered | Premiums | | Premiums | Covered |
| OBRA | Number | Benefit Plan | Select | istics | Approved | Withdrawn | Amended | Closed | Trade Name | Earned | Amount | Earned | Lives | Earned | Amount | Earned | Lives |
| | WIMESHCBASIC | B | NO | 0230560 | 09/28/2016 | | | | | 0 | 0 | 0.0 | 0 | 28,000 | 15,039 | 53.7 | 47 |
| 0199999. To | tal Experience o | n Individual Po | olicies | | | | | | | 0 | 0 | 0.0 | 0 | 28,000 | 15,039 | 53.7 | 47 |
| | | | | | | | - | | | | | | | | | | |
| | | | l | | | | | | | | | | | | | | |

GENERAL INTERROGATORIES

2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address: 101 E. Main Street Louisville, KY 40202

2.2 Contact Person and Phone Number: John Myers 502-580-7488

3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address: 101 E. Main Street Louisville , KY 40202

1. If response in Column 1 is no, give full and complete details

3.2 Contact Person and Phone Number: Matthew Burrows 502-580-0594

4. Explain any policies identified above as policy type "O".



LIFE SUPPLEMENTS

For The Year Ended December 31, 2017 (To Be Filed By March 1)

| Of The | Humana Be | enefit Plan of Illinois Inc | > | | | |
|----------|-------------|-----------------------------|-------------------|-------|----------------------|------------|
| ADDRES | S (City, St | ate and Zip Code) Peor i | a , IL 61615 | | | |
| NAIC Gro | oup Code | 0119 | NAIC Company Code | 60052 | Employer's ID Number | 37–1326199 |

SUPPLEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT 5 - AGGREGATE RESERVE FOR LIFE CONTRACTS

| 1 Valuation Standard | 2 Total | 3 Industrial | 4 Ordinary | 5 Credit (Group and Individual) | 6 Group |
|-------------------------|---|-----------------|---------------|--|------------|
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| 999999. Totals (Net) | | | | | |

SUPPLEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

EXHIBIT 5 - INTERROGATORIES

| 1.1 | Has the reporting entity ever issued both participating and non-participating contracts? | Yes [|] | No [| Х] |
|-----|--|-------|---|------|-----|
| 1.2 | If not, state which kind is issued. | | | | |
| 2.1 | Does the reporting entity at present issue both participating and non-participating contracts? | Yes [|] | No [| Х] |
| 2.2 | If not, state which kind is issued. | | | | |
| 3. | Does the reporting entity at present issue or have in force contracts that contain non-guaranteed elements? | Yes [|] | No [| Х] |
| 4. | Has the reporting entity any assessment or stipulated premium contracts in force? If so, state: 4.1 Amount of insurance? 4.2 Amount of reserve? \$.3.4.3 Basis of reserve | | | | 0 |
| | 4.4 Basis of regular assessments | | | | |
| | 4.5 Basis of special assessments | | | | |
| | 4.6 Assessments collected during the year: | | | | 0 |
| 5. | If the contract loan interest rate guaranteed in any one or more of its currently issued contracts is less than 5%, not in advance, state the contract loan rate guarantees on any such contracts. | | | | |
| 6. | Does the reporting entity hold reserves for any annuity contracts that are less than the reserves that would be held on a standard basis? | Yes [|] | No [| Х] |
| | 6.1 If so, state the amount of reserve on such contracts on the basis actually held: | | | | 0 |
| | 6.2 That would have been held (on an exact or approximate basis) using the actual ages of the annuitants; the interest rate(s) used in 6.1; and the same mortality basis used by the reporting entity for the valuation of comparable annuity benefits issued to standard lives. If the reporting entity has no comparable annuity benefits for standard lives to be valued, the mortality basis shall be the table most recently approved by the state of domicile for valuing individual annuity benefits: | | | | 0 |
| | Attach statement of methods employed in their valuation. | | | | |
| 7. | Does the reporting entity have any Synthetic GIC contracts or agreements in effect as of December 31 of the current year? | Yes [|] | No [| Х] |
| | 7.1 If yes, state the total dollar amount of assets covered by these contracts or agreements | | | | 0 |
| | 7.2 Specify the basis (fair value, amortized cost, etc.) for determining the amount | | | | |
| | 7.3 State the amount of reserves established for this business: | | | | 0 |
| | 7.4 Identify where the reserves are reported in the blank | | | | |
| 8. | Does the reporting entity have any Contingent Deferred Annuity contracts or agreements in effect as of December 31 of the current year? | Yes [|] | No [| Х] |
| | 8.1 If yes, state the total dollar amount of account value covered by these contracts or agreements: | | | | 0 |
| | 8.2 State the amount of reserves established for this business: | | | | 0 |
| | 8.3 Identify where the reserves are reported in the blank: | | | | |
| 9. | Does the reporting entity have any Guaranteed Lifetime Income Benefit contracts, agreements or riders in effect as of December 31 of the current year? | Yes [|] | No [| Х] |
| | 9.1 If yes, state the total dollar amount of any account value associated with these contracts, agreements or riders: | | | | 0 |
| | 9.2 State the amount of reserves established for this business: | | | | 0 |
| | 9.3 Identify where the reserves are reported in the blank: | | | | |

Life Supplement - Exhibit 7 - Deposit-Type Contracts **NONE**

Life Supplement - Schedule S - Part 1 - Section 1 NONE

Life Supplement - Schedule S - Part 3 - Section 1 NONE



| BRIGHT PREMIUTES AND AMENITY COMBINERATIONS CORRINATION AND AMENITY COMBINERATIONS CORRINATION AT THE PREMIUTE CONTRIBUTION OF THE P | DIRECT BUSINESS IN THE NAIC Group Code 0119 | STATE O | F Alabama | | LI | IFE II | NSUR | ANCE | E | | | | YEAR 2017 y Code 60052 |
|--|--|----------------|-----------------|---------------|-------------|------------|----------------|----------|--------------|--------------|---------------|------------|---------------------------|
| AND AMBUTY CONSIDERATIONS Order of Section 1 | · | PREMIUMS | 3 | | | | 2 | | | 3 | 1 | | |
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| 3. Specify by contract hands. Other conditional transport of the contract of | | | | | | | | | | | | | |
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| 14. All other benefits, except accident and health DETAILS OF WRITE-INS 301. 302. 303. 304. 305. 307. | 13. Aggregate write-ins for mi | scellaneous | s direct claims | | | † | | | † | | <u> </u> | | |
| 15. Totals DETALS OF WRITE-INS 1301. 301. 302. 3038. Summary of Line 13 from overflow page 3039. Total (Lines 1301 flive 1303 plus 1399) (Line 13 305ve) 309. Total (Lines 1301 flive 1303 plus 1399) (Line 13 305ve) 309. Total (Lines 1301 flive 1303 plus 1399) (Line 13 305ve) 309. Total (Lines 1301 flive 1303 plus 1399) (Line 13 305ve) 309. Total (Lines 1301 flive 1303 plus 1399) (Line 13 305ve) 309. Total (Lines 1301 flive 1303 plus 1399) (Line 13 305ve) 309. Total (Lines 1301 flive 1303 plus 1399) (Line 13 305ve) 309. Total (Lines 1301 flive 1303 plus 1399) (Line 13 305ve) 309. Total (Lines 1301 flive 1303 plus 1399) (Line 13 305ve) 309. Total (Lines 1301 flive 1303 plus 1309) (Line 1303 plus 1 | and benefits paid | | | | | <u> </u> | | | | | - | | |
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| a) Includes Individual Credit Life Insurance prior year \$ current year \$ | | | | | | | | | | | | | |
| Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ | current year | | | | | | | | | | | | |
| Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ACCIDENT AND HEALTH INSURANCE 1 2 3 Dividends Paid Or Credited On Direct Premiums Earned Business Direct Losses Paid Incurred 24. Group Policies (b) | | | • | | | | | | | | rront voar ¢ | | |
| ACCIDENT AND HEALTH INSURANCE 1 2 3 4 5 Dividends Paid Or Credited On Direct Business Direct Losses Paid Direct Losses Paid Direct Losses Paid Incurred 24. Group Policies (b) | · | | | | | | | | | | | | |
| 1 2 Dividends Paid Or Credited On Direct Business Direct Losses Paid D | - | | ۸ | CCIDEI | UT AND | HEA | THI | (ICI IE | DANCE | | - | | |
| 24. Group Policies (b) | | | A | | | <u>c</u> p | | 1001 | 1 | 3 | 4 | | 5 |
| Direct Premiums Earned Business Direct Losses Paid Incurred 24. Group Policies (b) 24.1 Federal Employees Health Benefits Plan premium (b) 24.2 Credit (Group and Individual) 24.3 Collectively renewable policies (b) 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies: 25.1 Non-cancelable (b) 25.2 Guaranteed renewable (b) 25.3 Non-renewable for stated reasons only (b) 25.4 Other accident only 25.5 All other (b) 26.6 Totals (sum of Lines 25.1 to 25.5) | | | | | | ρ. | | | Dividend | s Paid Or | | | - |
| 24.1 Federal Employees Health Benefits Plan premium (b) 24.2 Credit (Group and Individual) 24.3 Collectively renewable policies (b) 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies: 25.1 Non-cancelable (b) 25.2 Guaranteed renewable (b) 25.3 Non-renewable for stated reasons only (b) 25.4 Other accident only 25.5 All other (b) 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | Direct P | remiums | Dire | | ıms | | | Direct Losses | s Paid | |
| premium (b) | | | | | | | | | | | | | |
| 24.2 Credit (Group and Individual) 24.3 Collectively renewable policies (b) 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies: 25.1 Non-cancelable (b) 25.2 Guaranteed renewable (b) 25.3 Non-renewable for stated reasons only (b) 25.4 Other accident only 25.5 All other (b) 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | | | | | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies: 25.1 Non-cancelable (b) | 24.2 Credit (Group and Individu | ual) | | | | | | | | | | | |
| Other Individual Policies: 25.1 Non-cancelable (b) | | . , | T T | | | ļ | | | | | | | |
| 25.1 Non-cancelable (b) | | pı iiviii Sidl | c lanes of 1885 | | | † | | | <u> </u> | | - | | |
| 25.3 Non-renewable for stated reasons only (b) | 25.1 Non-cancelable (b) | | | \ - | | | | | | | | | |
| 25.4 Other accident only | | • | | | | | 1/ | | - | | | | |
| 25.5 All other (b) | | | , , , | | | الا | 7 | | | | | <u>-</u> | |
| | 25.5 All other (b) | | | | | | | T | | | | T | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | | | | | | | + | | |
| (b) For health business on indicated lines report: Number of persons insured under PPO managed care products | | | | of persons i | nsured unde | er PPO | managed | d care n | products | | and | d number o | of persons |



| DIRECT BUSINESS IN THE NAIC Group Code 0119 | STATE O | F Alaska | | L | IFE I | NSURA | ANCE | <u> </u> | | | | 'EAR 2017 Code 60052 |
|--|----------------------|-------------------|-------------------|-------------|--------------|----------------------------|--------------|----------|------------|-----------------|-------------|---------------------------|
| , | | | | 1 | | 2 | | | 3 | 4 | Company | 5 |
| DIRECT AND ANNUITY (| PREMIUMS CONSIDER | | Ordi | nary | | dit Life (G nd Individu | | Gr | oup | Industria | al | Total |
| Life insurance | | | | | | | | | | | | |
| 2. Annuity considerations | | | | | | | | | | | | |
| Deposit-type contract fund Other considerations | | | | | | XXX | | | | XXX | | |
| Totals (Sum of Lines 1 to | | | | | | | | | | | | |
| DIRECT DIVIDENDS | | YHOLDERS | | | | | | | | | | |
| Life insurance: | | | | | | | | | | | | |
| 6.1 Paid in cash or left on 6.2 Applied to pay renewa | deposit | | | | | | | | | | | |
| 6.3 Applied to pay reflewa | | | | | | | | | | | | |
| the endowment or pro- | emium-payiı | ng period | | | | | | | | | | |
| 6.4 Other | | | | | | | | | | | | |
| 6.5 Totals (sum of Line 6. Annuities: | .1 to 6.4) | | | | | | | | | | | |
| 7.1 Paid in cash or left on | deposit | | | | | | | | | | | |
| 7.2 Applied to provide pai | • | | | | | | | | | | | |
| 7.3 Other | | | \ | | | | | | | | | |
| 7.4 Totals (sum of Lines 7 | | | \ | | | | | | | | | |
| 8. Grand Totals (Lines 6.5 p | | EITC DAID | ₹ | | | \blacksquare | + | | | | | |
| 9. Death benefits | | | 74 | | | I | | | | | | |
| 10. Matured endowments | | | | | | | | | | | | |
| 11. Annuity benefits | | | | | | | | | | | | |
| 12. Surrender values and with | | | | | ļ | | | ļ | | | | |
| Aggregate write-ins for m and benefits paid | | | | | | | | | | | | |
| 14. All other benefits, except | | | | | | | | | | | | |
| 15. Totals | | | | | | | | | | | | |
| DETAILS OF WRITE-INS | | | | | | | | | | | | |
| 1301. 1302. | | | | | | | | | | | | |
| 1303. | | | | | | | | | | | | |
| 1398. Summary of Line 13 from | overflow pa | | | | | | | | | | | |
| 1399. Totals (Lines 1301 thru 13 | 303 plus 139 | 98) (Line 13 | | | | | | | | | | |
| above) | | | | | | | | | | | | |
| | | 0 | | Credit Life | J IV | | 0 | _ | | l., | | Takal |
| DIRECT DEATH | 1 | Ordinary 2 | (Group | and Individ | auai) | 5 | Group | <u>6</u> | 7 | Industrial 8 | 9 | Total 10 |
| BENEFITS AND | | _ | No. of | | | | | Ü | , | Ü | | 10 |
| MATURED ENDOWMENTS | | | Ind.Pols. | | | NIf | | | | | | |
| INCURRED | No. | Amount | & Gr. Certifs. | Amou | nt | No. of Certifs. | А | mount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior | | 7111100111 | 00.10. | 711100 | | 00.0.0. | , , | | | 7 1110 0111 | | 7 |
| year | | | | | | | | | | | | |
| Incurred during current year Settled during current year: | | | | | | | | | | | | |
| 18.1 By payment in full | | | | | | | | | | | | |
| 18.2 By payment on | | | | | | | | | | | | |
| compromised claims 18.3 Totals paid | | | | | | | | | | | | |
| 18.4 Reduction by | | | | | | | | | | | | |
| compromise | | | \ | | | | | | | | | |
| 18.5 Amount rejected | | | \ | | | + - | | | <u> </u> | | | |
| 19. Unpaid Dec. 31, current | | | | | | | <u> </u> | | | | | |
| year (16+17-18.6) | | | 74 | | | | | | | | | |
| POLICY EXHIBIT | | | | | | of Policies | | | | | | |
| 20. In force December 31, prior | | | | | | FUIICIES | | | | | | |
| year | | | | (a) | | | | | - | | | |
| 21. Issued during year 22. Other changes to in force | | | | | | † | | | + | | | |
| (Net) | | | | | | | | | | | | |
| 23. In force December 31 of | | | | (0) | | | | | | | | |
| current year (a) Includes Individual Credit Life | Insurance n | rior vear \$ | | (a), | current | vear \$ | | | | | | |
| Includes Group Credit Life Ins | | | | | | • | | | | urrent year \$ | | |
| Loans greater than 60 months | at issue Bl | JT NOT GREATE | R THAN 1 | 20 MONTHS | S, prior | year \$ | | | , C | urrent year \$ | | |
| | | ^ | CCIDE | NT AND | HE/ | I TH I | NSHE | RANCE | | | | |
| | | | | 1 | | 2 | .551 | | 3 | 4 | | 5 |
| | | | | | | | | Dividend | ds Paid Or | | | |
| | | | Direct D | remiums | Dir | ect Premit Earned | ums | | On Direct | Direct Losses | s Paid | Direct Losses Incurred |
| 24. Group Policies (b) | | | ביייפטו ר | | | Lameu | | Dus | | Direct L05585 | o i aid | |
| 24.1 Federal Employees Healt | h Benefits F | Plan | | | | | | | | | | |
| premium (b) 24.2 Credit (Group and Individ | | | | | | | | l | | | | |
| 24.3 Collectively renewable po | | | | | | | | | | | | |
| 24.4 Medicare Title XVIII exem | | | | | | | | | | | | |
| Other Individual Policies: | | | _ | | L | _ | _ | | | | | |
| 25.1 Non-cancelable (b) | | | | | D | | · [] | | | | | |
| 25.2 Guaranteed renewable (b 25.3 Non-renewable for stated | | | | | 1 | | | | | | | |
| 25.4 Other accident only | | * ` ' | 7.5 | | | 7 | T | | | 1 | | |
| 25.5 All other (b) | | | | | | | W. | | | | | |
| 25.6 Totals (sum of Lines 25.1 | | | | | | | | | | | | |
| 26. Totals (Lines 24 + 24.1 + | | | | | <u> </u> | | | <u> </u> | | | | |
| (b) For health business on ind | licated lines | report: Number of | of persons i | nsured unde | er PPC |) managed | d care p | roducts | | and | d number of | persons |

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| RECT BUSINESS IN THE S AIC Group Code 0119 | | | | | IFE II | NSUR | ANCE | | | NAIC | | 'EAR 2017 Code 6005 |
|--|--|---|-------------------------------------|---|-----------|--------------------------------|-------|-------------------------|-----------------------------|----------------|--------------|------------------------|
| DIRECT PI | | | | 1 inary | | 2 dit Life (G d Individu | | | 3 auo | 4 Industria | Ţ | 5 Total |
| Life insurance | | | | y | | | | | | maaana | | Total |
| Annuity considerations Deposit type contract funds | | ĺ | | | T | | | | | | | |
| Deposit-type contract funds Other considerations | | | | | | XXX | | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | .) | | | | | | | | | | | |
| DIRECT DIVIDENDS T | O POLICY | YHOLDERS | | | | | | | | | | |
| Life insurance: 6.1 Paid in cash or left on d | lonocit | | | | | | | | | | | |
| 6.2 Applied to pay renewal | | | | | | | | | | - | | |
| 6.3 Applied to provide paid- | up additior | ns or shorten | | | | | | | | | | |
| the endowment or pren 6.4 Other | nium-payin | g period | | | | | | | | | | |
| 6.5 Totals (sum of Line 6.1 | to 6.4) | | | | | | | | | | | |
| Annuities: | | | | | | | | | | | | |
| 7.1 Paid in cash or left on d7.2 Applied to provide paid- | ieposit | PG | | | | | | | | + | | |
| 7.3 Other | | | | | | | | | | | | |
| 7.4 Totals (sum of Lines 7. | , | | | | | | | | | | | |
| 8. Grand Totals (Lines 6.5 plu DIRECT CLAIMS AN | | ITC DAID | 7 | | | 117 | + | | | | | |
| 9. Death benefits | | - | 74 | | | II 7 | | | | | | |
| 0. Matured endowments | | | T | | | | T | | | | | |
| 11. Annuity benefits | | | | | <u> </u> | | | | | | | |
| Surrender values and withd Aggregate write-ins for misc | | | | | | | | | | + | | |
| and benefits paid | | | | | ļ | | | | | <u> </u> | - | |
| All other benefits, except ac | cident and | d health | | | | | | | | | | |
| 5. Totals DETAILS OF WRITE-INS | | | | | | | | | | | | |
| 01 | | | | | | | | | | | | |
| 802. | | | | | | | | | | | | |
| 303 398. Summary of Line 13 from o | worflow no | | | | | | | | | | | |
| 399. Totals (Lines 1301 thru 130 | | | | | | | | | | - | | |
| above) | | -,(| | | | | | | | | | |
| | | 2 " | | Credit Life | | | | | | 1 12 1 | | T |
| DIRECT DEATH | 1 | Ordinary 2 | 3 | o and Individ | iuai) | 5 | Group | 6 | 7 | ndustrial 8 | 9 | Total 10 |
| BENEFITS AND | | | No. of | | | | | | | | | |
| MATURED ENDOWMENTS | | | Ind.Pols. & Gr. | | | No. of | | | | | | |
| INCURRED | No. | Amount | Certifs. | Amou | nt | Certifs. | Α | mount | No. | Amount | No. | Amount |
| Unpaid December 31, prior year | | | | | | | | | | | | |
| 7. Incurred during current year | | | | | | | | | ļ | | ļ | |
| Settled during current year: 18.1 By payment in full | | | | | | | | | | | | |
| 18.2 By payment on | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 18.3 Totals paid 18.4 Reduction by | | | | | | | | | | | | |
| compromise | | | \ - | | | | | | | | | |
| 18.5 Amount rejected | | | \ | | | - 1 | | | | | | |
| Unpaid Dec. 31, current | | | | | | | 7 - | | | | | |
| year (16+17-18.6) | | | 73 | | | | | | | | | |
| POLICY EXHIBIT | | | | | | e of Policies | | | | | | |
|). In force December 31, prior | | | | () | | . 2.30 | | | | | | |
| | | | | (a) | | | | | | | † | |
| 2. Other changes to in force | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| (Net) | - 1 | | | (a) | | | | | | | | |
| In force December 31 of current year | | | | | current | year \$ | | | | | _ | |
| In force December 31 of current year Includes Individual Credit Life In | | | | | | w | | | | WARE MOOR & | | |
| In force December 31 of current year Includes Individual Credit Life In Includes Group Credit Life Insur | rance Loan | is less than or eq | ual to 60 m | onths at iss | ue, prio | | | | | - | | |
| In force December 31 of current year Includes Individual Credit Life In Includes Group Credit Life Insur | rance Loan | is less than or eq IT NOT GREATE | ual to 60 m | nonths at iss 20 MONTHS | ue, prio | year \$ | | | | | | |
| In force December 31 of current year Includes Individual Credit Life In Includes Group Credit Life Insur | rance Loan | is less than or eq IT NOT GREATE | ual to 60 m R THAN 1: | onths at iss | ue, prio | year \$ | | RANCE | | - | | 5 |
| In force December 31 of current year Includes Individual Credit Life In Includes Group Credit Life Insur | rance Loan | is less than or eq IT NOT GREATE | ual to 60 m R THAN 1: | nonths at iss 20 MONTHS NT AND | ue, prior | year \$ LTH IN 2 | NSUF | RANCE Dividend | , cu 3 s Paid Or | rrent year \$ | | 5 |
| In force December 31 of current year Includes Individual Credit Life In Includes Group Credit Life Insur | rance Loan | is less than or eq IT NOT GREATE | ual to 60 m ER THAN 1: | nonths at iss 20 MONTHS NT AND | ue, prior | year \$.LTH IN | NSUF | RANCE Dividend Credited | , cu | rrent year \$ | | 5 |
| In force December 31 of current year Includes Individual Credit Life In Includes Group Credit Life Insur Loans greater than 60 months a | rance Loan | is less than or ed IT NOT GREATE | ual to 60 m ER THAN 1: | nonths at iss 20 MONTHS NT AND | ue, prior | year \$ LTH IN 2 ect Premiu | NSUF | RANCE Dividend Credited | 3 s Paid Or On Direct | rrent year \$ | | 5 Direct Losses |
| In force December 31 of current year Includes Individual Credit Life In Includes Group Credit Life Insurtant Loans greater than 60 months a greater than 60 months a 4. Group Policies (b) | rance Loan at issue BU | is less than or ed IT NOT GREATE A | ual to 60 m R THAN 1: CCIDEI | nonths at iss 20 MONTHS NT AND 1 | ue, prior | year \$ LTH IN 2 ect Premiu | NSUF | RANCE Dividend Credited | 3 s Paid Or On Direct | rrent year \$ | | 5 Direct Losses |
| In force December 31 of current year Includes Individual Credit Life In Includes Group Credit Life Insurtant Loans greater than 60 months a greater than 60 months a Group Policies (b) | rance Loan at issue BU Benefits P | is less than or ed IT NOT GREATE A | ual to 60 m ER THAN 1: | nonths at iss 20 MONTHS NT AND 1 | ue, prior | year \$ LTH IN 2 ect Premiu | NSUF | RANCE Dividend Credited | 3 s Paid Or On Direct | rrent year \$ | | 5 Direct Losses |
| In force December 31 of current year Includes Individual Credit Life In Includes Group Credit Life Insur Loans greater than 60 months a Group Policies (b) | Benefits Plail | Is less than or ed IT NOT GREATE A | ual to 60 m ER THAN 1: CCIDE | nonths at iss 20 MONTHS NT AND 1 | ue, prior | year \$ LTH IN 2 ect Premiu | NSUF | RANCE Dividend Credited | 3 s Paid Or On Direct | rrent year \$ | | 5 Direct Losses |
| In force December 31 of current year Includes Individual Credit Life In Includes Group Credit Life Insur Loans greater than 60 months at 4. Group Policies (b) | Benefits Plail | Is less than or ed IT NOT GREATE A | ual to 60 m ER THAN 1: CCIDE! | nonths at iss 20 MONTHS NT AND 1 | ue, prior | year \$ LTH IN 2 ect Premiu | NSUF | RANCE Dividend Credited | 3 s Paid Or On Direct | rrent year \$ | | 5 Direct Losses |
| In force December 31 of current year Includes Individual Credit Life In Includes Group Credit Life Insur Loans greater than 60 months at 4. Group Policies (b) | Benefits Places (b) | Is less than or ed IT NOT GREATE A lan | ual to 60 m ER THAN 1: CCIDE! | nonths at iss 20 MONTHS NT AND 1 | ue, prior | year \$ LTH IN 2 ect Premiu | NSUF | RANCE Dividend Credited | 3 s Paid Or On Direct | rrent year \$ | | 5 Direct Losses |
| In force December 31 of current year Includes Individual Credit Life In Includes Group Credit Life Insur Loans greater than 60 months a greater th | Benefits Platicies (b) | Is less than or ed IT NOT GREATE A | ual to 60 m ER THAN 1: CCIDE! | nonths at iss 20 MONTHS NT AND 1 | ue, prior | year \$ LTH IN 2 ect Premiu | NSUF | RANCE Dividend Credited | 3 s Paid Or On Direct | rrent year \$ | | 5 Direct Losses |
| In force December 31 of current year Includes Individual Credit Life In Includes Group Credit Life Insur Loans greater than 60 months a greater th | Benefits Plati (ib) trom state easons only | lan e taxes or fees | ual to 60 m ER THAN 1: CCIDE! | nonths at iss 20 MONTHS NT AND 1 | ue, prior | year \$ LTH IN 2 ect Premiu | NSUF | RANCE Dividend Credited | 3 s Paid Or On Direct | rrent year \$ | | 5 Direct Losses |
| In force December 31 of current year Includes Individual Credit Life In Includes Group Credit Life Insur Loans greater than 60 months a greater th | Benefits Planticies (b)t from state | lan e taxes or fees | ual to 60 m ER THAN 1: CCIDE! | nonths at iss 20 MONTHS NT AND 1 | ue, prior | year \$ LTH IN 2 ect Premiu | NSUF | RANCE Dividend Credited | 3 s Paid Or On Direct | rrent year \$ | | 5 Direct Losses |
| In force December 31 of current year Includes Individual Credit Life In Includes Group Credit Life Insur Loans greater than 60 months a 4. Group Policies (b) | Benefits Platicies (b)t from state | lan e taxes or fees | ual to 60 m ER THAN 1: CCIDE! | nonths at iss 20 MONTHS NT AND 1 | ue, prior | year \$ LTH IN 2 ect Premiu | NSUF | RANCE Dividend Credited | 3 s Paid Or On Direct | rrent year \$ | | 5 Direct Losses |

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| | CT BUSINESS IN THE S Group Code 0119 | STATE O | F Arkansas | | | IFE IN | | NCE | | | NAIC | | YEAR 2017 / Code 60052 |
|--|--|---------------|-----------------|---------------------|-------------|--------------|---------------|-------------|----------|-------------------------|---------------|--------|---------------------------|
| | DIRECT P | REMIUMS | | | 1 | Credit | 2 Life (Gr | auo | ; | 3 | 4 | | 5 |
| | AND ANNUITY C | ONSIDERA | ATIONS | Ord | nary | | ndividua | | Gr | oup | Industria | ıl | Total |
| 1. | Life insurance | | | | | | | | | | | | |
| 2. 3. | Annuity considerations Deposit-type contract funds | | | | | | | | | | XXX | | |
| 4. | Other considerations | | | | | | | | | | | | |
| 5. | Totals (Sum of Lines 1 to 4 | , | | | | | | | | | | | |
| | DIRECT DIVIDENDS | TO POLIC | YHOLDERS | | | | | | | | | | |
| | Life insurance: | | | | | | | | | | | | |
| | 6.1 Paid in cash or left on c6.2 Applied to pay renewal | | | | | | | | | | | | |
| | 6.3 Applied to provide paid | | | | | | | | | | | | |
| | the endowment or prei | nium-payir | g period | | | | | | | | | | |
| | 6.4 Other | | | | | | | | | | | | |
| | 6.5 Totals (sum of Line 6.1 Annuities: | to 6.4) | | | | | | | | | | | |
| | 7.1 Paid in cash or left on o | denosit | | | | | | | | | | | |
| | 7.2 Applied to provide paid | | | | | | | | | | | | |
| | 7.3 Other | | | | | | | | | | | | |
| | 7.4 Totals (sum of Lines 7. | | | | | | | | | | | | |
| 8. | Grand Totals (Lines 6.5 plu | | | | | | | | | | | | |
| 0 | DIRECT CLAIMS A | | | V | | | 1 | | | | | | |
| 9. 10. | Death benefits Matured endowments | | | T | | | ······. | | | | | | |
| _ | Annuity benefits | | | - | | <u> </u> | | | | | | | |
| | Surrender values and with | | | | | ļ | | | | | | | |
| 13. | Aggregate write-ins for mis | | | | | | | | | | | | |
| 1/ | and benefits paid | | | | | | | | | | | | |
| | Totals | cordon and | | | | † | | | | | | | |
| | DETAILS OF WRITE-INS | | | | | | | | | | | | |
| 1301. | | | | | | | | | | | | | |
| 1302. | | | | | | | | | | | | | |
| 1303. | | | | | | | | | | | | | |
| | Summary of Line 13 from of Totals (Lines 1301 thru 130 | | _ | | | | | | | | | | |
| 1000. | above) | oo pias 100 | (Line 10 | | | | | | | | | | |
| I | | | | | Credit Life | | | | | | | | |
| | | (| Ordinary | | and Individ | dual) | | Group | 0 | In | dustrial | | Total |
| | DIRECT DEATH | 1 | 2 | 3 | 4 | | 5 | | 6 | 7 | 8 | 9 | 10 |
| | BENEFITS AND MATURED | | | No. of Ind.Pols. | | | | | | | | | |
| | ENDOWMENTS | | | & Gr. | | 1 | No. of | | | | | | |
| | INCURRED | No. | Amount | Certifs. | Amou | nt C | Certifs. | Aı | mount | No. | Amount | No. | Amount |
| | Inpaid December 31, prior | | | | | | | | | | | | |
| | year ncurred during current year | | | | | | | | | | | | |
| | Settled during current year: | | | | | | | | | | | | |
| 1 | 8.1 By payment in full | | | | | | | | | | | | |
| 1 | 8.2 By payment on | | | | | | | | | | | | |
| 1 | compromised claims 8.3 Totals paid | | | | | | | | | | | | |
| | 8.4 Reduction by | | | | | | | | | | | | |
| | compromise | | | \ | | | | | | | | | |
| | 8.5 Amount rejected | | | \ | | | | | | | | | |
| | Jnpaid Dec. 31, current | | | | | | | | | | | | |
| | year (16+17-18.6) | | | 74 | | | | | | | | | |
| | | | | 1 | | | . of | T | | | | | |
| 20 1 | POLICY EXHIBIT n force December 31, prior | | | | | I P | olicies | | | | | | |
| | year | | | | (a) | | | | | <u> </u> | | | |
| 21. Is | ssued during year | | | | | <u>_</u> | | | | ļT | | | |
| | Other changes to in force | | | | | | | | | | | | |
| | (Net) n force December 31 of | | | | | | | | | | | | |
| | current year | | | | (a) | | | | | | | | |
| | ludes Individual Credit Life Ir | | - | | , (| | | | | | | | |
| | ludes Group Credit Life Insu | | | • | | | | | | , cur | • | | |
| Loa | ans greater than 60 months | at issue BU | II NOI GREATE | R IHAN 1 | 20 MONTH | S, prior ye | ar \$ | | | , cur | rent year \$ | | |
| _ | | | | CCIDE | NT AND | HEAL | TH IN | ISUF | RANCE | | | | |
| | | | | | 1 | | 2 | | | 3 | 4 | | 5 |
| | | | | | | Direct | Premiu | ıme | | ls Paid Or On Direct | | | Direct Losses |
| | | | | Direct P | remiums | | arned | 61110 | | iness | Direct Losses | s Paid | Incurred |
| | Group Policies (b) | | | | | ļ | | | 240 | | | | |
| 24.1 | Federal Employees Health | | | | | | | | | | | | |
| 24.2 | premium (b) Credit (Group and Individu | | | | | | | | | | 1 | | |
| /4/ | | | | | | † | | | | | | | |
| | Collectively renewable poli | | | | | 1 | | | | | | | |
| 24.3 | Collectively renewable poli Medicare Title XVIII exemp | | | | | 1 | | | | | I | | |
| 24.3 | | | | | | | _ | ! | | _ | | | |
| 24.3 24.4 25.1 | Medicare Title XVIII exemp Other Individual Policies: Non-cancelable (b) | t from state | e taxes or fees | | | | _ | | | | | | |
| 24.3 24.4 25.1 25.2 | Medicare Title XVIII exemp Other Individual Policies: Non-cancelable (b) Guaranteed renewable (b) | t from state | e taxes or fees | | | | | | | | | | |
| 24.3 24.4 25.1 25.2 25.3 | Medicare Title XVIII exemp Other Individual Policies: Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated r | et from state | e taxes or fees | | | | A | | | | | | |
| 24.3 24.4 25.1 25.2 25.3 25.4 | Medicare Title XVIII exemp Other Individual Policies: Non-cancelable (b) | easons onl | y (b) | V | | | | | | | | | |
| 24.3 24.4 25.1 25.2 25.3 25.4 25.5 | Medicare Title XVIII exemp Other Individual Policies: Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated r | ot from state | y (b) | V | | | | | | | | | |
| 24.3 24.4 25.1 25.2 25.3 25.4 25.5 25.6 | Medicare Title XVIII exemp Other Individual Policies: Non-cancelable (b) | easons onl | y (b) | V | | | | | | | | | |

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insured under indemnity only products



| DIRECT BUSINESS IN THE STATE | OF Colorado | | | IN | NSUR | امالاه | = | | | | YEAR 2017 |
|---|--|-------------------|----------------|------------|---------------------------|----------------|--------------|-----------|----------------------------------|----------|-------------------|
| NAIC Group Code 0119 | | | 1 | | 2 | | | 3 | NAIC (| Compan | y Code 60052 5 |
| DIRECT PREMIUM AND ANNUITY CONSIDE | | Ord | linary | | lit Life (G d Individu | | Gr | oup | Industrial | | Total |
| Life insurance | | Old | ilialy | and | u iriuiviut |) | Gi | Jup | industria | | ı olai |
| 2. Annuity considerations | | | | | | | | | | | |
| Deposit-type contract funds Other considerations | | | | | XXX | | | | XXX | | |
| 5. Totals (Sum of Lines 1 to 4) | | | | | | | | | | | |
| DIRECT DIVIDENDS TO POLI | CYHOLDERS | | | | | | | | | | |
| Life insurance: 6.1 Paid in cash or left on deposit | | | | | | | | | | | |
| 6.2 Applied to pay renewal premium | ns | | | | | | | | | | |
| 6.3 Applied to provide paid-up addi | tions or shorten | | | | | | | | | | |
| the endowment or premium-pa | ying period | | | | | | | | | | |
| 6.5 Totals (sum of Line 6.1 to 6.4) | | | | | | | | | | | |
| Annuities: | | | | | | | | | | | |
| 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annu | T T | | | | | | | | | | |
| 7.3 Other | | | | | | | | | | | |
| 7.4 Totals (sum of Lines 7.1 to 7.3) | | \ | | — | | | | | | | |
| Grand Totals (Lines 6.5 plus 7.4) DIRECT CLAIMS AND BEN | EFITS PAID | → | | | $oldsymbol{H}$ | H | | | | | |
| 9. Death benefits | | | | | <u> </u> | | | | | | |
| 10. Matured endowments | The state of the s | | | | <u> </u> | | | | | | |
| Annuity benefits Surrender values and withdrawals f | ľ | | | | | | | | | | |
| Aggregate write-ins for miscellaneous in the second of the second o | F | | | | | | | | | | |
| and benefits paid | | | | | | | | | | | |
| 15. Totals | nu neam | | | | | | | | | | |
| DETAILS OF WRITE-INS | | | | | | | | | | | |
| 1301. | | | | | | | | | | | |
| 1302. 1303. | | | | | | | | | | | |
| 1398. Summary of Line 13 from overflow | page | | | | | | | | | | |
| 1399. Totals (Lines 1301 thru 1303 plus 1 above) | 398) (Line 13 | | | | | | | | | | |
| | | | Credit Life | 1 | | | | | 1 | 1 | |
| | Ordinary | | p and Individu | ual) | | Grou | р | I | ndustrial | | Total |
| DIRECT DEATH 1 BENEFITS AND | 2 | 3 No. of | 4 | | 5 | | 6 | 7 | 8 | 9 | 10 |
| MATURED | | Ind.Pols. | | | | | | | | | |
| ENDOWMENTS INCURRED No. | Amount | & Gr. Certifs. | Amoun | .+ | No. of Certifs. | ^ | mount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior | Amount | Ocitiis. | Amoun | 11. | Ocitiis. | | inount | INO. | Amount | INO. | Amount |
| year17. Incurred during current year | | | | | | | | | | | |
| Settled during current year: | | | | | | <u> </u> | | | | | |
| 18.1 By payment in full | | | | | | | | | | | |
| 18.2 By payment on compromised claims | | | | | | | | | | | |
| 18.3 Totals paid | | | | | | | | | | | |
| 18.4 Reduction by compromise | | | | | | | | | | | |
| 18.5 Amount rejected | | V | | | | | | | | | |
| 18.6 Total settlements | | . | | | | | | | | | |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | | W | | | II 7 | М | | | | | |
| DOLLOV EXHIBIT | | | | | . of | | | | | | |
| POLICY EXHIBIT 20. In force December 31, prior | | | | ŀ | Policies | | | | | | |
| year | | | .(a) | | | | | | | <u> </u> | |
| 21. Issued during year | | | | | | t | | | | | |
| (Net) | | | | | | | | | | | |
| 23. In force December 31 of current year | | | (a) | | | | | | | | |
| (a) Includes Individual Credit Life Insurance | | | , C | | | | | | | | |
| Includes Group Credit Life Insurance Lo Loans greater than 60 months at issue | | | | | | | | | ırrent year \$ ırrent year \$ | | |
| Louis greater than 60 months at 1550e i | | | | | | | | , 00 | ment year ψ | | |
| | | | NT AND | HEA | <u> </u> | NSU | | 3 | 4 | | 5 |
| | | | 1 | | 2 | | | s Paid Or | 4 | | 5 |
| | | Direct F | Premiums | Dire | ct Premi | ums | | On Direct | Direct League | Doid | Direct Losses |
| 24. Group Policies (b) | | DII ECI P | remuill9 | | Earned | | DUS | ness | Direct Losses | i aiu | Incurred |
| 24.1 Federal Employees Health Benefits | Plan | | Ţ | | | | | | | | |
| premium (b)24.2 Credit (Group and Individual) | | L | ···· | | | | <u> </u> | | | | |
| 24.3 Collectively renewable policies (b) | | | | | | | | | | | |
| 24.4 Medicare Title XVIII exempt from st | ate taxes or fees | | | | | | | | | | |
| Other Individual Policies: 25.1 Non-cancelable (b) | | | | | | | | | | | |
| 25.2 Guaranteed renewable (b) | | | | 1 | | | | | | | |
| 25.3 Non-renewable for stated reasons of | * ' ' | | | _ | | \- []- | | | _ | | |
| 25.4 Other accident only | | W | | | | W | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | | | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24 | .3 + 24.4 + 25.6) | | | | | | 1 | | 1 | | |

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..... and number of persons

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products



| DIRECT BUSINESS IN THE NAIC Group Code 0119 | STATE C | F Connecticut | t | L | IFE II | NSUR/ | ANCE | = | | _ | | 'EAR 2017 Code 60052 |
|--|-------------------------|------------------|--------------------|---------------|----------------------|---------------------------------|----------|----------|-----------------|----------------------------------|--------------|-------------------------|
| · | PREMIUMS | | | 1 inary | | 2 dit Life (G nd Individu | | | 3 oup | 4 Industri | | 5 Total |
| Life insurance | | | | | | | | | | | | |
| Annuity considerations Deposit-type contract fund | | | | | | | | | | | | |
| Other considerations | | | | | | | | | | | | |
| 5. Totals (Sum of Lines 1 to | 4) | | | | | | | | | | | |
| DIRECT DIVIDENDS | TO POLIC | YHOLDERS | | | | | _ | | | | | |
| Life insurance: | donosit | | | | | | | | | | | |
| 6.1 Paid in cash or left on 6.2 Applied to pay renewa | aeposit I premiums | | | | | | | | | | | |
| 6.3 Applied to provide paid | d-up addition | ons or shorten | | | | | | | | | | |
| the endowment or pre | emium-payi | ng period | | | | | | | | | | |
| 6.4 Other | | | | | | | | | | | | |
| Annuities: | , | | | | | | | | | | | |
| 7.1 Paid in cash or left on | | | | | | | | | | | | |
| 7.2 Applied to provide paid 7.3 Other | | | | | | | | | | | | |
| 7.4 Totals (sum of Lines 7 | | | \ | | | | | | | | | |
| 8. Grand Totals (Lines 6.5 pl | lus 7.4) | | | | | | | | | | | |
| DIRECT CLAIMS A | | | 7 | | | | | | | | | |
| 9. Death benefits | | | | | J | | \ | | | | | |
| Matured endowments Annuity benefits | | | | | | | | | | | | |
| 12. Surrender values and with | | | | | | | | | | | | |
| 13. Aggregate write-ins for mi | | | | | | | | | | | | |
| and benefits paid | | | | | | | | l | | | | |
| 15. Totals | | | | | İ | | | | | 1 | | |
| DETAILS OF WRITE-INS | | | | | | | | | | | | |
| 1301. | | | | | | | | | | | | |
| 1302. | | | | | | | | | | | | |
| 1303 1398. Summary of Line 13 from | overflow pa | age | | | | | | | | | | |
| 1399. Totals (Lines 1301 thru 13 | | | | | | | | | | | | |
| above) | | | | | | | | | | | | |
| | | Oudin | | Credit Life | J = IV | | 0 | _ | | | | T-4-1 |
| DIRECT DEATH | 1 | Ordinary 2 | (Grou) | p and Individ | duai) | 5 | Group | <u>6</u> | 7 | Industrial 8 | 9 | Total 10 |
| BENEFITS AND | | _ | No. of | | | | | Ü | • | · · | | |
| MATURED ENDOWMENTS | | | Ind.Pols. & Gr. | | | No. of | | | | | | |
| INCURRED | No. | Amount | Certifs. | Amou | nt | Certifs. | Α | mount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior | | | | | | | | | | | | |
| year 17. Incurred during current year | | | | | | | | | | | | |
| Settled during current year: | | | | | | | | | | | | |
| 18.1 By payment in full | | | | | | | | | | | | |
| 18.2 By payment on compromised claims. | | | | | | | | | | | | |
| 18.3 Totals paid | | | | | | | | | | | | |
| 18.4 Reduction by | | _ | _ | | | | _ | | | | | |
| compromise 18.5 Amount rejected | | | \ | | | | | | | | | |
| 18.6 Total settlements | - | | | | | 7/ | | | | | | |
| 19. Unpaid Dec. 31, current | | | | | | | | | | | | |
| year (16+17-18.6) | | | - 1 | | | of | ┪ | | | | | |
| POLICY EXHIBIT | | _ | _ | | | Policies | | | | | | |
| 20. In force December 31, prior | | | | (3) | | | | | | | | |
| year21. Issued during year | | | | .(a) | | <u> </u> | | | † | | - | |
| 22. Other changes to in force | | | | | | | | | | | | |
| (Net)23. In force December 31 of | | - | | | | † | | | | | | |
| current year | | | | (a) | | | | | | | | |
| (a) Includes Individual Credit Life | | | | , (| | • | | | | | | |
| Includes Group Credit Life Inst Loans greater than 60 months | | | | | | | | | | urrent year \$ urrent year \$ | | |
| Louis grouter than oo monthe | at lood D | | | | • | | | | , 0 | anoni your ψ | | |
| | | <u>P</u> | | NT AND | HEA | | NSUF | | 3 | 1 4 | | F |
| | | | | 1 | | 2 | | | ਤ ls Paid Or | 4 | | 5 |
| | | | D: :- | | Dire | ect Premiu | ıms | Credited | On Direct | | - D-:: | Direct Losses |
| 24. Group Policies (b) | | | Direct P | remiums | | Earned | | Bus | iness | Direct Losse | s raid | Incurred |
| 24.1 Federal Employees Healtl | h Benefits F | Plan | | | 1 | | | | | 1 | | |
| premium (b) | | | | | | | | <u> </u> | | | | |
| 24.2 Credit (Group and Individual24.3 Collectively renewable po | | | | | | | | <u> </u> | | | | |
| 24.4 Medicare Title XVIII exem | | | | | | | | | | | | |
| Other Individual Policies: | | | _ | | | _ | _ | | | | T | |
| 25.1 Non-cancelable (b) | | | \ - | | D | | | | | | | |
| 25.2 Guaranteed renewable (b 25.3 Non-renewable for stated | , | | | | | | | | | | | |
| ITOIT IOTICWADIC IUI SIAIEU | | | | | † • • • • • • | | \ | | | | | |
| | | | | | | | | | | | | |
| 25.4 Other accident only | | | | | | | V | | | | | |
| 25.4 Other accident only | to 25.5) | | | U | | | 1 | | | | | |
| 25.4 Other accident only25.5 All other (b) | to 25.5) 24.2 + 24.3 | 3 + 24.4 + 25.6) | | | | | | | | an | | |



| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS 1. Life insurance 2. Annuity considerations 3. Deposit-type contract funds 4. Other considerations 5. Totals (Sum of Lines 1 to 4) DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance: 6.1 Paid in cash or left on deposit 6.2 Applied to pay renewal premiums 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period 6.4 Other 6.5 Totals (sum of Line 6.1 to 6.4) Annuittes: 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other 7.4 Totals (sum of Lines 7.1 to 7.3) 8. Grand Totals (Lines 6.5 plus 7.4) DIRECT CLAIMS AND BENEFITS PAID | y Code 60052 5 Total |
|---|----------------------------|
| 1. Life insurance 2. Annuity considerations 3. Deposit-type contract funds 4. Other considerations 5. Totals (Sum of Lines 1 to 4) DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance: 6.1 Paid in cash or left on deposit 6.2 Applied to pay renewal premiums 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period 6.4 Other 6.5 Totals (sum of Line 6.1 to 6.4) Annuities: 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other 7.4 Totals (sum of Lines 7.1 to 7.3) 8. Grand Totals (Lines 6.5 plus 7.4) DIRECT CLAIMS AND BENEFITS PAID | |
| 3. Deposit-type contract funds | |
| 4. Other considerations 5. Totals (Sum of Lines 1 to 4) DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance: 6.1 Paid in cash or left on deposit 6.2 Applied to provide paid-up additions or shorten the endowment or premium-paying period. 6.4 Other 6.5 Totals (sum of Line 6.1 to 6.4) Annuities: 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other 7.4 Totals (sum of Lines 7.1 to 7.3) 8. Grand Totals (Lines 6.5 plus 7.4) DIRECT CLAIMS AND BENEFITS PAID | |
| 5. Totals (Sum of Lines 1 to 4) DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance: 6.1 Paid in cash or left on deposit 6.2 Applied to pay renewal premiums 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period 6.4 Other 6.5 Totals (sum of Line 6.1 to 6.4) Annuities: 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other 7.4 Totals (sum of Lines 7.1 to 7.3) 8. Grand Totals (Lines 6.5 plus 7.4) DIRECT CLAIMS AND BENEFITS PAID | |
| Life insurance: 6.1 Paid in cash or left on deposit | |
| 6.1 Paid in cash or left on deposit 6.2 Applied to pay renewal premiums 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period 6.4 Other 6.5 Totals (sum of Line 6.1 to 6.4) Annuities: 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other 7.4 Totals (sum of Lines 7.1 to 7.3) 8. Grand Totals (Lines 6.5 plus 7.4) DIRECT CLAIMS AND BENEFITS PAID | |
| 6.2 Applied to pay renewal premiums 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period 6.4 Other 6.5 Totals (sum of Line 6.1 to 6.4) Annuities: 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other 7.4 Totals (sum of Lines 7.1 to 7.3) 8. Grand Totals (Lines 6.5 plus 7.4) DIRECT CLAIMS AND BENEFITS PAID | |
| 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period 6.4 Other 6.5 Totals (sum of Line 6.1 to 6.4) Annuities: 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other 7.4 Totals (sum of Lines 7.1 to 7.3) 8. Grand Totals (Lines 6.5 plus 7.4) DIRECT CLAIMS AND BENEFITS PAID | |
| 6.4 Other 6.5 Totals (sum of Line 6.1 to 6.4) Annuities: 7.1 Paid in cash or left on deposit 7.2 Applied to provide paid-up annuities 7.3 Other 7.4 Totals (sum of Lines 7.1 to 7.3) 8. Grand Totals (Lines 6.5 plus 7.4) DIRECT CLAIMS AND BENEFITS PAID | |
| 6.5 Totals (sum of Line 6.1 to 6.4) | |
| Annuities: 7.1 Paid in cash or left on deposit | |
| 7.2 Applied to provide paid-up annuities | |
| 7.3 Other | |
| 7.4 Totals (sum of Lines 7.1 to 7.3) | |
| 8. Grand Totals (Lines 6.5 plus 7.4) DIRECT CLAIMS AND BENEFITS PAID | |
| | |
| Q Dooth honofits | |
| | |
| 10. Matured endowments 11. Annuity benefits | |
| 12. Surrender values and withdrawals for life contracts | |
| 13. Aggregate write-ins for miscellaneous direct claims | |
| and benefits paid | |
| 15. Totals | |
| DETAILS OF WRITE-INS | |
| 1301. | |
| 1302. | |
| 1398. Summary of Line 13 from overflow page | |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 | |
| above) | |
| Credit Life (Course and ladicidus) | T-4-1 |
| Ordinary (Group and Individual) Group Industrial DIRECT DEATH 1 2 3 4 5 6 7 8 9 | Total 10 |
| BENEFITS AND No. of | |
| MATURED Ind.Pols. ENDOWMENTS & Gr. No. of | |
| INCURRED No. Amount Certifs. Amount Certifs. Amount No. Amount No. | Amount |
| 16. Unpaid December 31, prior | |
| year | |
| Settled during current year: | |
| 18.1 By payment in full | |
| 18.2 By payment on compromised claims | |
| 18.3 Totals paid | |
| 18.4 Reduction by compromise | |
| 18.5 Amount rejected | |
| 18.6 Total settlements | |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | |
| . of | |
| POLICY EXHIBIT On the force December 21 prior | |
| 20. In force December 31, prior year | |
| 21. Issued during year | |
| 22. Other changes to in force (Net) | |
| 23. In force December 31 of | |
| current year (a) (a) | |
| (a) Includes Individual Credit Life Insurance prior year \$, current year \$ | |
| Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$, current year \$ | |
| ACCIDENT AND HEALTH INSURANCE | |
| 1 2 3 4 | 5 |
| Dividends Paid Or | - |
| Direct Premiums Credited On Direct Direct Premiums Earned Business Direct Losses Paid | Direct Losses Incurred |
| 24. Group Policies (b) | |
| 24.1 Federal Employees Health Benefits Plan | |
| numarium (b) | |
| premium (b) | |
| premium (b) | |
| 24.2 Credit (Group and Individual) | |
| 24.2 Credit (Group and Individual) | |
| 24.2 Credit (Group and Individual) 24.3 Collectively renewable policies (b) 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies: 25.1 Non-cancelable (b) | |
| 24.2 Credit (Group and Individual) 24.3 Collectively renewable policies (b) 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies: 25.1 Non-cancelable (b) 25.2 Guaranteed renewable (b) 25.3 Non-renewable for stated reasons only (b) | |
| 24.2 Credit (Group and Individual) 24.3 Collectively renewable policies (b) 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies: 25.1 Non-cancelable (b) 25.2 Guaranteed renewable (b) 25.3 Non-renewable for stated reasons only (b) 25.4 Other accident only | |
| 24.2 Credit (Group and Individual) 24.3 Collectively renewable policies (b) 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies: 25.1 Non-cancelable (b) 25.2 Guaranteed renewable (b) 25.3 Non-renewable for stated reasons only (b) 25.4 Other accident only 25.5 All other (b) | |
| 24.2 Credit (Group and Individual) 24.3 Collectively renewable policies (b) 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies: 25.1 Non-cancelable (b) 25.2 Guaranteed renewable (b) 25.3 Non-renewable for stated reasons only (b) 25.4 Other accident only | |



| NAIC Group Code 0119 | STATE | OF District of Co | olumbia | LI | IFE II | NSUR! | ANCE | E | | _ | | EAR 2017 Code 60052 |
|--|---|---|--------------------------|-----------------------------------|---------------------------------|---|-------|-------------------------|------------------------------|-----------------|--------------|------------------------|
| · | PREMIUMS | | | 1 inary | Cred | 2 dit Life (Gi d Individu | roup | ; | 3 oup | 4 Industria | | 5 Total |
| Life insurance | | | | | | | | | | | | |
| Annuity considerations Deposit type contract fund | | | | | | | | | | | | |
| Deposit-type contract functions Other considerations | | | | | | | | | | | | |
| 5. Totals (Sum of Lines 1 to | 4) | | | | | | | | | | | |
| DIRECT DIVIDENDS | TO POLIC | YHOLDERS | | | | | | | | | | |
| Life insurance: | | | | | | | | | | | | |
| 6.1 Paid in cash or left on 6.2 Applied to pay renewa | deposit | | | | | | | | | | | |
| 6.3 Applied to provide pai | d-up addition | ons or shorten | | | | | | | | | | |
| the endowment or pre | mium-payi | ng period | | | | | | | | | | |
| 6.4 Other | | | | | | | | | | | | |
| Annuities: | 1 10 0.4) | | | | | | | | | | | |
| 7.1 Paid in cash or left on | | | | | | | | | | | | |
| 7.2 Applied to provide paid | | | | | | | | | | | | |
| 7.3 Other 7.4 Totals (sum of Lines 7 | | | \ | | | - | | | | | | |
| 8. Grand Totals (Lines 6.5 p | lus 7.4) | ľ | | | | | | | | | | |
| DIRECT CLAIMS A | | | 71 | | | \blacksquare | | | | | | |
| 9. Death benefits | | | | | | | | | | | - | |
| Matured endowments Annuity benefits | | | | | Ē | | | | | | | |
| 12. Surrender values and with | | T T | | | | | | | | | <u> </u> | |
| 13. Aggregate write-ins for mi | scellaneous | s direct claims | | | | | | | | | | |
| and benefits paid | | | | | | | | | | | | |
| 15. Totals | .Joidoin all | - 110aiai | | | | | | | | | | |
| DETAILS OF WRITE-INS | | | | | | | | | | | | |
| 1301. | | | | | | | | | | | | |
| 1302. 1303. | | | | | | | | | | | | |
| 1398. Summary of Line 13 from | overflow pa | age | | | | | | | | | | |
| 1399. Totals (Lines 1301 thru 13 | | | | | | | | | | | | |
| above) | | | | | | | | | | | | |
| | | Oudings. | | Credit Life | l = I\ | | 0 | | | l., | | T-4-1 |
| DIRECT DEATH | 1 | Ordinary 2 | (Grou | p and Individ 4 | iuai) | 5 | Group | 6 | 7 | Industrial 8 | 9 | Total 10 |
| BENEFITS AND | | | No. of | | | | | | | | | |
| MATURED ENDOWMENTS | | | Ind.Pols. & Gr. | | | No. of | | | | | | |
| INCURRED | No. | Amount | Certifs. | Amour | nt | Certifs. | A | mount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior | | | | | | | | | | | | |
| year 17. Incurred during current year | | | | | | | | | | | | |
| Settled during current year: | | | | | | | | | | | | |
| 18.1 By payment in full | | | | | | | | | | | | |
| 18.2 By payment on compromised claims. | | | | | | | | | | | | |
| 18.3 Totals paid | | | | | | | | | | | | |
| 18.4 Reduction by compromise | | | | | | | | | | | | |
| 18.5 Amount rejected | | | V | | | | | | | | | |
| 18.6 Total settlements | | | . | | | | | | | | | |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | | | | | | | | | | | | |
| year (10+17 10.07 | | | | | | | | | | | | |
| | | | | | | . of | | | | | | |
| POLICY EXHIBIT | | | | | | . of Policies | | | | | | |
| POLICY EXHIBIT 20. In force December 31, prior | | | | (a) | | . of Policies | | | | | | |
| POLICY EXHIBIT 20. In force December 31, prior year | | | | (a) | | of Policies | | | | | | |
| POLICY EXHIBIT 20. In force December 31, prior year 21. Issued during year 22. Other changes to in force | | | | (a) | | of Policies | | | | | | |
| POLICY EXHIBIT 20. In force December 31, prior year 21. Issued during year 22. Other changes to in force (Net) 23. In force December 31 of | | | | | | of Policies | | | | | | |
| POLICY EXHIBIT 20. In force December 31, prior year | | | • | (a) | | | | | | | | |
| POLICY EXHIBIT 20. In force December 31, prior year 21. Issued during year 22. Other changes to in force (Net) 23. In force December 31 of | Insurance p | prior year \$ | | (a), c | current | year \$ | | | | urrent year \$ | | |
| POLICY EXHIBIT 20. In force December 31, prior year | Insurance purance Loa | prior year \$ | ual to 60 m | (a), c | current ue, pric | year \$ | | | , c | urrent year \$ | | |
| POLICY EXHIBIT 20. In force December 31, prior year 21. Issued during year 22. Other changes to in force (Net) 23. In force December 31 of current year (a) Includes Individual Credit Life Includes Group Credit Life Inse | Insurance purance Loa | prior year \$ ns less than or eq UT NOT GREATE | ual to 60 m | (a), cononths at issue | current ue, pric S, prior | year \$ ır year \$ year \$ | | | , c | | | |
| POLICY EXHIBIT 20. In force December 31, prior year 21. Issued during year 22. Other changes to in force (Net) 23. In force December 31 of current year (a) Includes Individual Credit Life Includes Group Credit Life Inse | Insurance purance Loa | prior year \$ ns less than or eq UT NOT GREATE | ual to 60 m R THAN 1 | (a), c | current ue, pric S, prior | year \$ ır year \$ year \$ | | RANCE | , c | | | 5 |
| POLICY EXHIBIT 20. In force December 31, prior year 21. Issued during year 22. Other changes to in force (Net) 23. In force December 31 of current year (a) Includes Individual Credit Life Includes Group Credit Life Inse | Insurance purance Loa | prior year \$ ns less than or eq UT NOT GREATE | ual to 60 m R THAN 1 | (a) (a) conths at issue 20 MONTHS | current ue, prior HEA | year \$ rryear \$ year \$ LTH IN | NSUF | RANCE Dividend | , c , c 3 s Paid Or | urrent year \$ | | 5 |
| POLICY EXHIBIT 20. In force December 31, prior year 21. Issued during year 22. Other changes to in force (Net) 23. In force December 31 of current year (a) Includes Individual Credit Life Includes Group Credit Life Inse | Insurance purance Loa | prior year \$ ns less than or eq UT NOT GREATE | ual to 60 m ER THAN 1 | (a) (a) conths at issue 20 MONTHS | current ue, prior HEA | year \$ ir year \$ year \$ | NSUF | RANCE Dividend Credited | , c | urrent year \$ | | |
| POLICY EXHIBIT 20. In force December 31, prior year 21. Issued during year 22. Other changes to in force (Net) 23. In force December 31 of current year (a) Includes Individual Credit Life Includes Group Credit Life Inst Loans greater than 60 months 24. Group Policies (b) | Insurance purance Loa at issue Bl | orior year \$ ns less than or eq UT NOT GREATE | ual to 60 m ER THAN 1 | (a) , conths at issi 20 MONTHS | current ue, prior HEA | year \$ r year \$ year \$ LTH IN 2 | NSUF | RANCE Dividend Credited | 3 s Paid Or On Direct | urrent year \$ | | 5 Direct Losses |
| POLICY EXHIBIT 20. In force December 31, prior year 21. Issued during year 22. Other changes to in force (Net) 23. In force December 31 of current year (a) Includes Individual Credit Life Includes Group Credit Life Inst Loans greater than 60 months 24. Group Policies (b) 24. Federal Employees Healti | Insurance purance Loar at issue Bl | prior year \$ ns less than or eq UT NOT GREATE | ual to 60 m ER THAN 1 | (a) , conths at issi 20 MONTHS | current ue, prior HEA | year \$ r year \$ year \$ LTH IN 2 | NSUF | RANCE Dividend Credited | 3 s Paid Or On Direct | urrent year \$ | | 5 Direct Losses |
| POLICY EXHIBIT 20. In force December 31, prior year 21. Issued during year 22. Other changes to in force (Net) 23. In force December 31 of current year (a) Includes Individual Credit Life Includes Group Credit Life Insubstantial Loans greater than 60 months 24. Group Policies (b) 24.1 Federal Employees Health premium (b) 24.2 Credit (Group and Individited) | Insurance purance Loai at issue Bl | orior year \$ ns less than or eq UT NOT GREATE A | ual to 60 m ER THAN 1 | (a) , conths at issi 20 MONTHS | current ue, prior HEA | year \$ r year \$ year \$ LTH IN 2 | NSUF | RANCE Dividend Credited | 3 s Paid Or On Direct | urrent year \$ | | 5 Direct Losses |
| POLICY EXHIBIT 20. In force December 31, prior year 21. Issued during year 22. Other changes to in force (Net) 23. In force December 31 of current year (a) Includes Individual Credit Life Includes Group Credit Life Insubans greater than 60 months 24. Group Policies (b) 24.1 Federal Employees Healt premium (b) 24.2 Credit (Group and Individication of the company of the co | Insurance purance Loar at issue Bl | orior year \$ ns less than or eq UT NOT GREATE A | ual to 60 m ER THAN 1 | (a) , conths at issi 20 MONTHS | current ue, prior HEA | year \$ r year \$ year \$ LTH IN 2 | NSUF | RANCE Dividend Credited | 3 s Paid Or On Direct | urrent year \$ | | 5 Direct Losses |
| POLICY EXHIBIT 20. In force December 31, prior year 21. Issued during year 22. Other changes to in force (Net) 23. In force December 31 of current year (a) Includes Individual Credit Life Includes Group Credit Life Insulates Group Credit Life Includes Group Credit Life Insulates Group Credit Life Insulates Group Credit Life Insulates Group Policies (b) 24. Group Policies (b) 24.1 Federal Employees Healt premium (b) 24.2 Credit (Group and Individicates) 24.3 Collectively renewable pocates | Insurance purance Loar at issue Bl | orior year \$ ns less than or eq UT NOT GREATE A | ual to 60 m ER THAN 1 | (a) , conths at issi 20 MONTHS | current ue, prior HEA | year \$ r year \$ year \$ LTH IN 2 | NSUF | RANCE Dividend Credited | 3 s Paid Or On Direct | urrent year \$ | | 5 Direct Losses |
| POLICY EXHIBIT 20. In force December 31, prior year 21. Issued during year 22. Other changes to in force (Net) 23. In force December 31 of current year (a) Includes Individual Credit Life Includes Group Credit Group and Individual Policies: 24. Group Policies (b) 24.1 Federal Employees Health premium (b) 24.2 Credit (Group and Individual Policies: 24.3 Collectively renewable po 24.4 Medicare Title XVIII exem Other Individual Policies: | Insurance purance Loar at issue Bl | orior year \$ ns less than or eq UT NOT GREATE A Plan te taxes or fees | ual to 60 m ER THAN 1 | (a) , conths at issi 20 MONTHS | current ue, prior HEA | year \$ r year \$ year \$ LTH IN 2 | NSUF | RANCE Dividend Credited | 3 s Paid Or On Direct | urrent year \$ | | 5 Direct Losses |
| POLICY EXHIBIT 20. In force December 31, prior year 21. Issued during year 22. Other changes to in force (Net) 23. In force December 31 of current year (a) Includes Individual Credit Life Includes Group Credit Life Insulates Group Credit Life Includes Group Credit Life Insulates Group Credit Life Insulates Group Credit Life Insulates Group Policies (b) 24. Group Policies (b) 24.1 Federal Employees Healt premium (b) 24.2 Credit (Group and Individicates) 24.3 Collectively renewable pocates | Insurance purance Loar at issue Bl | orior year \$ ns less than or eq UT NOT GREATE A Plan te taxes or fees | ual to 60 m ER THAN 1 | (a) , conths at issi 20 MONTHS | current ue, prior HEA | year \$ r year \$ year \$ LTH IN 2 | NSUF | RANCE Dividend Credited | 3 s Paid Or On Direct | urrent year \$ | | 5 Direct Losses |
| POLICY EXHIBIT 20. In force December 31, prior year 21. Issued during year 22. Other changes to in force (Net) 23. In force December 31 of current year (a) Includes Individual Credit Life Includes Group Credit Group and Individual Credit (Group and Individual Policies: 24. Group Policies (b) 24. Group Policies (b) 25.1 Non-cancelable (b) 25.2 Guaranteed renewable (b) 25.3 Non-renewable for stated | Insurance purance Loar at issue Bl | prior year \$ ns less than or eq UT NOT GREATE Plan te taxes or fees | ual to 60 m ER THAN 1 | (a) , conths at issi 20 MONTHS | current ue, prior HEA | year \$ r year \$ year \$ LTH IN 2 | NSUF | RANCE Dividend Credited | 3 s Paid Or On Direct | urrent year \$ | | 5 Direct Losses |
| POLICY EXHIBIT 20. In force December 31, prior year | Insurance purance Loar at issue Bl | prior year \$ ns less than or eq UT NOT GREATE Plan te taxes or fees | ual to 60 m ER THAN 1 | (a) , conths at issi 20 MONTHS | current ue, prior HEA | year \$ r year \$ year \$ LTH IN 2 | NSUF | RANCE Dividend Credited | 3 s Paid Or On Direct | urrent year \$ | | 5 Direct Losses |
| POLICY EXHIBIT 20. In force December 31, prior year 21. Issued during year 22. Other changes to in force (Net) 23. In force December 31 of current year (a) Includes Individual Credit Life Includes Group Credit Life Inst. Loans greater than 60 months 24. Group Policies (b) 24.1 Federal Employees Health premium (b) 24.2 Credit (Group and Individual 24.3 Collectively renewable portion 24.4 Medicare Title XVIII exem Other Individual Policies: 25.1 Non-cancelable (b) 25.2 Guaranteed renewable (b) 25.3 Non-renewable for stated 25.4 Other accident only 25.5 All other (b) | Insurance purance Loar at issue Bl | orior year \$ ns less than or eq UT NOT GREATE Plan te taxes or fees | ual to 60 m ER THAN 1 | (a) , conths at issi 20 MONTHS | current ue, prior HEA | year \$ r year \$ year \$ LTH IN 2 | NSUF | RANCE Dividend Credited | 3 s Paid Or On Direct | urrent year \$ | | 5 Direct Losses |
| POLICY EXHIBIT 20. In force December 31, prior year | h Benefits F ual) pt from stat reasons on to 25.5) | orior year \$ ns less than or eq UT NOT GREATE A Plan te taxes or fees | ual to 60 m ER THAN 1 | (a) , conths at issi 20 MONTHS | current ue, prior HEA | year \$ r year \$ year \$ LTH IN 2 | NSUF | RANCE Dividend Credited | 3 s Paid Or On Direct | urrent year \$ | | 5 Direct Losses |



| NAIC Group Code 0119 | STATE O | 1 Goorgia | | L | IFE II | NSUR | ANCE | Ξ | | | | /EAR 2017 · Code 60052 |
|--|---|--|----------------------------|-------------------------|----------------------|--|---------|--------------------------|------------------------------|----------------|----------|---------------------------|
| | PREMIUMS | | | 1 | | 2 dit Life (G | | | 3 | 4 | Joinpany | 5 |
| AND ANNUITY | | | Ord | inary | | ıd Individu | | Gr | oup | Industria | al | Total |
| Life insurance | | | | | | | | | | | | |
| Annuity considerations | | r | | | ļ | | | | | | | |
| Deposit-type contract fur Other considerations | | | | | · | XXX | | | | XXX | | |
| Totals (Sum of Lines 1 to | | | | | | | | | | | | |
| DIRECT DIVIDENDS | , | YHOLDERS | | | | | | | | | | |
| Life insurance: | | | i | | | | | | | | | |
| 6.1 Paid in cash or left or | | | | | | | | | | | | |
| 6.2 Applied to pay renew | • | r | | | | | | | | | | |
| 6.3 Applied to provide pa | | | ì | | | | | | | | | |
| the endowment or pr | | | | | | | | | | | | |
| 6.5 Totals (sum of Line 6 | | | | | | | | | | | | |
| Annuities: | , | | | | | | | | | | | |
| 7.1 Paid in cash or left or | n deposit | | | | | | | | | | | |
| 7.2 Applied to provide pa | | | | | L | <u></u> | <u></u> | | | | | |
| 7.3 Other | | | \ | | | | | | | | | |
| 7.4 Totals (sum of Lines | , | | | | | | | | | | | |
| 8. Grand Totals (Lines 6.5) DIRECT CLAIMS | | EITS DAID | + | - | | ± 1 | | | | | | |
| Death benefits | | | | | | — 7 | | | | | | |
| Matured endowments | | | 1 | | | | T | | | 1 | | |
| 11. Annuity benefits | | | | | | | | | | | | |
| 12. Surrender values and wit | thdrawals for | r life contracts | | | ļ | | | | | | | |
| 13. Aggregate write-ins for m | | | i | ļ | 1 | | | 1 | | | | |
| and benefits paid | | | | | f | | | l | | | | |
| All other benefits, except Totals | accident and | u 116aili1 | | | İ | | | t | | | | |
| DETAILS OF WRITE-IN | S | | | | - | | | | | | | |
| 1301. | _ | | | | | | | | | | | |
| 1302. | | | | | | | | | | | | |
| 1303 | | | r | | ļ | | | | | | | |
| 1398. Summary of Line 13 from | | • | | | | | | | | | | |
| 1399. Totals (Lines 1301 thru 1 | 303 plus 139 | 98) (Line 13 | ì | | | | | | | | | |
| above) | | | | | | | | <u> </u> | | | | |
| | | 0 " | | Credit Life | | | | | | | | - |
| DIRECT DEATH | 1 | Ordinary 2 | (Group | p and Individ | iuai) | 5 | Group | р <u> </u> | 7 | ndustrial 8 | 9 | Total 10 |
| BENEFITS AND | ' | 2 | No. of | | | 3 | | U | , | O | 3 | 10 |
| MATURED | | | Ind.Pols. | | | | | | | | | |
| ENDOWMENTS | NI- | A | & Gr. | A | | No. of | | | NI- | A | NI- | A |
| INCURRED 16. Unpaid December 31, prior | No. | Amount | Certifs. | Amoui | nt | Certifs. | A | mount | No. | Amount | No. | Amount |
| year | | | | | | | | | | | | |
| 17. Incurred during current yea | r | | | | | | | | | | | |
| Settled during current year: | | | | | | | | | | | | |
| 18.1 By payment in full | | | | | | | | | | | | |
| 18.2 By payment on compromised claims | | | | | | | | | | | | |
| 18.3 Totals paid | | | | | | | | | | | | |
| 18.4 Reduction by | | | | | | | | | | | | |
| compromise | | | _ | | | | | | | | | |
| 18.5 Amount rejected | | | A | | | | | | | | | |
| 18.6 Total settlements | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | 1 | | | | | | | | | |
| year (16+17-18.6) | | | V | | J | . of | | | | | | |
| year (16+17-18.6) POLICY EXHIBIT | | | 1 | L | J | . of Policies | | | | | | |
| year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, prior | | | 1 | (a) | J | | | | | | | |
| year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, prior year | | | V | (a) | J | | | | | | | |
| year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, prior year21. Issued during year22. Other changes to in force | | | V | (a) | J | | | | | | | |
| year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, prior year | | | V | (a) | J | | | | | | | |
| year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, prior year | | | V | | J | | | | | | | |
| year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, prior year | | rior year \$ | V | (a) | Surrent | Policies | | | | | | |
| year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, prior year | Insurance p | • | | (a) | | Policies year \$ | | | , ci | urrent year \$ | | |
| year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, prior year | Insurance p | ns less than or eq | qual to 60 m | (a), c | ue, pric | Policies year \$ pr year \$ | | | | urrent year \$ | | |
| year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, prior year | Insurance p | ns less than or eq UT NOT GREATE | qual to 60 m ER THAN 1: | (a), conths at issi | ue, pric S, prior | Policies year \$ or year \$ year \$ | | | | • | | |
| year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, prior year | Insurance p | ns less than or eq UT NOT GREATE | qual to 60 m ER THAN 12 | (a), c | ue, pric S, prior | Policies year \$ or year \$ year \$ | | RANCE | | • | | 5 |
| year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, prior year | Insurance p | ns less than or eq UT NOT GREATE | qual to 60 m ER THAN 12 | (a) (a) (nonths at issi | ue, prior | year \$ or year \$ year \$ year \$ | NSUF | RANCE Dividend | 3 ds Paid Or | urrent year \$ | | |
| year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, prior year | Insurance p | ns less than or eq UT NOT GREATE | qual to 60 m ER THAN 1: | (a) (a) nonths at issi | ue, prior | year \$ or year \$ year \$ year \$ year \$ year \$ | NSUF | PANCE Dividence Credited | 3 ds Paid Or On Direct | urrent year \$ | | Direct Losses |
| year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, prior year 21. Issued during year 22. Other changes to in force (Net) 23. In force December 31 of current year 1) Includes Individual Credit Life Includes Group Credit Life Ins Loans greater than 60 month | Insurance p surance Loar s at issue BU | ns less than or eq UT NOT GREATE A | qual to 60 m ER THAN 1: | (a) (a) (nonths at issi | ue, prior | year \$ or year \$ year \$ year \$ | NSUF | PANCE Dividence Credited | 3 ds Paid Or | urrent year \$ | s Paid | |
| year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, prior year | Insurance p surance Loar s at issue BL | ns less than or eq UT NOT GREATE A | qual to 60 m ER THAN 1: | (a) (a) nonths at issi | ue, prior | year \$ or year \$ year \$ year \$ year \$ year \$ | NSUF | PANCE Dividence Credited | 3 ds Paid Or On Direct | urrent year \$ | s Paid | Direct Losses |
| year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, prior year | Insurance p surance Loar s at issue BL | ns less than or eq UT NOT GREATE A | qual to 60 m ER THAN 1: | (a) (a) nonths at issi | ue, prior | year \$ or year \$ year \$ year \$ year \$ year \$ | NSUF | PANCE Dividence Credited | 3 ds Paid Or On Direct | urrent year \$ | s Paid | Direct Losses |
| year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, prior year 21. Issued during year | e Insurance p surance Loar s at issue BU | ns less than or eq UT NOT GREATE A | qual to 60 m ER THAN 1: | (a) (a) nonths at issi | ue, prior | year \$ or year \$ year \$ year \$ year \$ year \$ | NSUF | PANCE Dividence Credited | 3 ds Paid Or On Direct | urrent year \$ | s Paid | Direct Losses |
| year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, prior year 21. Issued during year | Insurance p surance Loar s at issue BL th Benefits F | ns less than or eq UT NOT GREATE A | qual to 60 m ER THAN 1: | (a) (a) nonths at issi | ue, prior | year \$ or year \$ year \$ year \$ year \$ year \$ | NSUF | PANCE Dividence Credited | 3 ds Paid Or On Direct | urrent year \$ | s Paid | Direct Losses |
| year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, prior year 21. Issued during year | Insurance p surance Loar s at issue BL | ns less than or eq UT NOT GREATE A | qual to 60 m ER THAN 1: | (a) (a) nonths at issi | ue, prior | year \$ or year \$ year \$ year \$ year \$ year \$ | NSUF | PANCE Dividence Credited | 3 ds Paid Or On Direct | urrent year \$ | s Paid | Direct Losses |
| year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, priory year 21. Issued during year 22. Other changes to in force (Net) 23. In force December 31 of current year 24. In Includes Individual Credit Life Includes Group Credit Life | Insurance p surance Loar s at issue BL th Benefits F dual) colicies (b) | ns less than or eq UT NOT GREATE A Plan | qual to 60 m ER THAN 1: | (a) (a) nonths at issi | ue, prior | year \$ or year \$ year \$ year \$ year \$ year \$ | NSUF | PANCE Dividence Credited | 3 ds Paid Or On Direct | urrent year \$ | s Paid | Direct Losses |
| POLICY EXHIBIT 20. In force December 31, prior year | e Insurance p surance Loar s at issue BL th Benefits F dual) | ns less than or eq UT NOT GREATE A | qual to 60 m ER THAN 1: | (a) (a) nonths at issi | ue, prior | year \$ or year \$ year \$ year \$ year \$ year \$ | NSUF | PANCE Dividence Credited | 3 ds Paid Or On Direct | urrent year \$ | s Paid | Direct Losses |
| year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, prior year 21. Issued during year | Insurance psurance Loar s at issue BL th Benefits F dual) | ns less than or eq UT NOT GREATE A | qual to 60 m ER THAN 1: | (a) (a) nonths at issi | ue, prior | year \$ or year \$ year \$ year \$ year \$ year \$ | NSUF | PANCE Dividence Credited | 3 ds Paid Or On Direct | urrent year \$ | s Paid | Direct Losses |
| year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, prior year | Insurance p surance Loar s at issue BL th Benefits F dual) colicies (b) colicies (b) colicies (b) colicies (b) colicies (b) colicies (c) d reasons on | ns less than or eq UT NOT GREATE A Plan te taxes or fees | qual to 60 m ER THAN 1: | (a) (a) nonths at issi | ue, prior | year \$ or year \$ year \$ year \$ year \$ year \$ | NSUF | PANCE Dividence Credited | 3 ds Paid Or On Direct | urrent year \$ | s Paid | Direct Losses |
| year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, prior year 21. Issued during year | Insurance p surance Loar s at issue BU (th Benefits F dual) (olicies (b) (mpt from static) b) | ns less than or equation of the property of th | qual to 60 m ER THAN 1: | (a) (a) nonths at issi | ue, prior | year \$ or year \$ year \$ year \$ year \$ year \$ | NSUF | PANCE Dividence Credited | 3 ds Paid Or On Direct | urrent year \$ | s Paid | Direct Losses |
| year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, prior year 21. Issued during year | Insurance p surance Loar s at issue BU | ns less than or equation of the property of th | qual to 60 m ER THAN 1: | (a) (a) nonths at issi | ue, prior | year \$ or year \$ year \$ year \$ year \$ year \$ | NSUF | PANCE Dividence Credited | 3 ds Paid Or On Direct | urrent year \$ | s Paid | Direct Losses |
| POLICY EXHIBIT 20. In force December 31, prior year | Insurance p surance Loar s at issue BU Ith Benefits P dual) | ns less than or equation of the property of th | qual to 60 m ER THAN 1: | (a) (a) nonths at issi | ue, prior | year \$ or year \$ year \$ year \$ year \$ year \$ | NSUF | PANCE Dividence Credited | 3 ds Paid Or On Direct | urrent year \$ | s Paid | Direct Losses |

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insured under indemnity only products



SUPPLEMENT FOR THE YEAR 2017 OF THE HI

| | BUSINESS IN THE Soup Code 0119 | | | | LI | | NSUR <i>A</i> | | Ę | | _ | NG THE Y | EAR 2017 Code 60052 |
|-------------|---|-------------|-------------------|-------------------|----------------------------|----------|----------------------------------|--------------|----------|----------------|----------------|-------------|------------------------|
| | DIRECT P AND ANNUITY C | ONSIDER | ATIONS | Ordi | l nary | | 2 dit Life (Gr nd Individu | | | 3 oup | 4 Industria | | 5 Total |
| | e insurance | | | | | | | | | | | | |
| | eposit-type contract fund | | | | | | XXX | | | | | | |
| | otals (Sum of Lines 1 to 4 | | | | | | | | | | | | |
| 1.2 | DIRECT DIVIDENDS | TO POLIC | YHOLDERS | | | | | | | | | | |
| | e insurance: 1 Paid in cash or left on (| deposit | | | | | | | | | | | |
| 6. | 2 Applied to pay renewal | premiums | S | | | | | | | | | | |
| | 3 Applied to provide paid the endowment or pre | mium-payi | ng period | | | | | | | | | | |
| | 4 Other5 5 Totals (sum of Line 6.1 | | | | | | | | | | | | |
| Ar | nnuities: | , | | | | | | | | | | | |
| | 1 Paid in cash or left on o 2 Applied to provide paid | | | | | | | | | | | | |
| 7. | 3 Other | | | \ - | | | | | | | | | |
| | 4 Totals (sum of Lines 7. rand Totals (Lines 6.5 plu | | | \ | | | | | | | | | |
| | DIRECT CLAIMS A | ND BÉNEI | | 1 | 1 | | 117 | 7 | | | | | |
| | eath benefitsatured endowments | | | | | | | | | | | | |
| 11. Ar | nuity benefits | | | | | | | - | | | | | |
| | urrender values and with agregate write-ins for mis | | F | | | | | | <u> </u> | | | | |
| a | ind benefits paid | | | | | <u> </u> | | | | | | | |
| 14. Al | I other benefits, except a stals | iccident an | a nealth | | | l | | | | | | | |
| | ETAILS OF WRITE-INS | | | | | | | | | | | | |
| 1301 | | | | | | | | | | | | | |
| 1303 | | | | | | | | | | | | | |
| | ummary of Line 13 from ontals (Lines 1301 thru 13 | | | | | | | | | | | | |
| a | bove) | | | | | | | | | | | | |
| | | | Ordinary | | Credit Life and Individ | lual) | | Group | D | | Industrial | | Total |
| | DIRECT DEATH BENEFITS AND | 1 | 2 | 3 No. of | 4 | | 5 | | 6 | 7 | 8 | 9 | 10 |
| | MATURED | | | Ind.Pols. | | | | | | | | | |
| | ENDOWMENTS INCURRED | No. | Amount | & Gr. Certifs. | Amou | nt | No. of Certifs. | Α | mount | No. | Amount | No. | Amount |
| | aid December 31, prior | | | | | | | | | | | | |
| 17. Incu | r rred during current year | | | | | | | | | | | | |
| | ed during current year: By payment in full | | | | | | | | | | | | |
| | By payment on | | | | | | | | | | | | |
| 18.3 | compromised claims Totals paid | | | | | | | | | | | | |
| 18.4 | Reduction by compromise | | | | | | | _ | | | | | |
| 18.5 | Amount rejected | | | \ | | | | | | | | | |
| | Total settlements aid Dec. 31, current | | | | - | | | - | | | | | |
| | r (16+17-18.6) | | | - | | | | | | | | | |
| | POLICY EXHIBIT | | | | | | Policies | | | | | | |
| | rce December 31, prior r | | | | (a) | | | | | | | | |
| 21. Issue | ed during year | | | | | | | | | | | | - |
| (Ne | er changes to in force et) | | | | | | | | | | | | |
| | rce December 31 of rent year | | | | (a) | | | | | | | | |
| (a) Include | es Individual Credit Life In es Group Credit Life Insu | | | | , (| | • | | | | urrent year \$ | | |
| | greater than 60 months | | | | | | | | | | urrent year \$ | | |
| | | | A | CCIDE | NT AND | HEA | ALTH IN | NSUF | RANCE | | | | |
| | | | | • | 1 | | 2 | | | 3 s Paid Or | 4 | | 5 |
| | | | | Di 1 D | | Dir | ect Premiu | ıms | Credited | On Direct | | . Deid | Direct Losses |
| 24. G | roup Policies (b) | | | Direct P | remiums | | Earned | | Busi | ness | Direct Losses | Paid | Incurred |
| | ederal Employees Health premium (b) | | | | | | | | | | | | |
| 24.2 C | redit (Group and Individu | al) | | | | | | | Ī | | | | |
| | ollectively renewable poli edicare Title XVIII exemp | . , | | | | | | | 1 | | | | |
| 0 | ther Individual Policies: | | | | | | | | | _ | | ····· | |
| | on-cancelable (b)uaranteed renewable (b) | | | \ - | | | | ┈┫╌ | | | | | |
| 25.3 No | on-renewable for stated i | reasons on | nly (b) | | | | | | | | | | |
| | ther accident only I other (b) | | | | - | J | | | | | | | |
| | otals (sum of Lines 25.1 t | | | 7 | | | | 1 | | | | | |
| | otals (Lines 24 + 24.1 + 2 | | | | | - BBC | \ | 1 = | | | | | |
| (b) For | health business on indic | cated lines | report: Number of | ot persons i | nsured unde | er PPC |) managed | care p | products | | and | I number of | persons |

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insured under indemnity only products



| DIRECT PREMIUMS AND ANNUTY CONSIDERATIONS Ordinary AND ANNUTY CONSIDERATIONS Ordinary AND ANNUTY CONSIDERATIONS Ordinary And Industrial Credit Life (Group Annuty Conditionation Consideration Conside | DIRECT BUSINESS IN THE NAIC Group Code 0119 | STATE O | F Idaho | | L | IFE I | NSURA | ANCE | = | | | | 'EAR 2017 Code 60052 |
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| 3. Deposits the contract funds. Childron consideration and concentrations. Childron consideration and control | | | | | | | | | | | | | |
| 4. Other considerations. Totals (Summer to week to 4) 1. Foreign (Summer to 4) 2. Foreign (Summer to 4) 3. Foreign (Summer to 4) 4. Foreign (Summer to 4) 5. Foreign (Summer to 4) 5. Foreign (Summer to 4) 5. Foreign (Summer to 4) 6. Foreign (Su | | | | | | | XXX | | | | XXX | | |
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| 1301. 1302. 1303. 1308. Summary of Line 13 from overflow page. 1309. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 from overflow page. 1309. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 from overflow page. 1309. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 from overflow page. 1309. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 from overflow page. 1309. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 from overflow page. 1309. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 from overflow page. 1309. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 from overflow page. 1309. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 from overflow page. 1309. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 from overflow page. 1309. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 from overflow page. 1309. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 from overflow page. 1309. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 from overflow page. 1309. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 from overflow page. 1309. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 from overflow page. 1309. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 from overflow page. 1309. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 from overflow page. 1309. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 from overflow page. 1309. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 from overflow page. 1309. Totals (Lines 1301 thru 1303 plus 1398) (Line 13 from overflow page. 1309. Totals (Lines 1301 thru 1303 plus 1398) (Line 1301 thru 1303 plus 1398) (Line 1301 thru 1303 plus 1398) (Line 1301 thru 1303 plus 1398) (Line 1301 thru 1303 plus 1398) (Line 1301 thru 1303 plus 1398) (Line 1301 thru 1303 plus 1398) (Line 1301 thru 1303 plus 1398) (Line 1301 thru 1 | | <u> </u> | | | | | | | | | + | | |
| 1939. Totals (Lines 130 thru 1900 plus 1988) (Line 13 abovo) DIRECT PEATH | 1301. | | | | | | | | | | | | |
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| 19. Unpaid Dec. 31, current year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, prior year 21. Issued during year 22. Other changes to in force (Net) 31. In force December 31 of current year 42. In force December 31 of current year 43. Includes Group Credit Life Insurance prior year \$ includes Group Credit Life Insurance prior year \$ includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ ACCIDENT AND HEALTH INSURANCE 1 2 3 Dividends 9 Direct Losses Paid Direct Losses Paid Direct Losses Paid Direct Losses Paid Direct Losses Paid Direct Losses Paid Direct Losses Paid Paid Or Credit (Group and Individual) 24.1 Federal Employees Health Benefits Plan premium (b) 24.2 Credit (Group and Individual) 24.3 Collectively renewable policies (b) 24.4 Medicare Title XVIII exempt from state laxes or fees Other Individual Policies: 25.1 Non-cancelable (b) 25.2 Quaranteed renewable (b) 25.3 Non-renewable for stated reasons only (b) 25.4 Other accident only 25.5 All other (b) 25.5 All other (b) 26. Totals (sum of Lines 25.1 to 25.5) 26. Totals (sum of Lines 24.+ 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | | | | | | | | | |
| POLICY EXHIBIT 20. In force December 31, prior year | | | | | | | | | | | | | |
| 20. In force December 31, prior year (a) (a) (a) (b) (c) (bell) (c) (log of the changes to in force (Net)) (a) (a) (a) (b) (c) (log of the changes to in force (Net)) (log of the changes to in force December 31 of current year \$ (log of the changes to inforce (Net)) (log of the changes to inforce December 31 of current year \$ (log of the changes to inforce December 31 of current year \$ (log of the changes to inforce December 31 of current year \$ (log of the changes to inforce December 31 of current year \$ (log of the changes to inforce December 31 of the changes to inforce December 31 of current year \$ (log of the changes to inforce December 31 of the changes to inforce December 31 of the changes the chang | | | | W | | | | | | | | | |
| 20. In force December 31, prior year (a) (a) (a) (b) (c) (bell) (c) (log of the changes to in force (Net)) (a) (a) (a) (b) (c) (log of the changes to in force (Net)) (log of the changes to in force December 31 of current year \$ (log of the changes to inforce (Net)) (log of the changes to inforce December 31 of current year \$ (log of the changes to inforce December 31 of current year \$ (log of the changes to inforce December 31 of current year \$ (log of the changes to inforce December 31 of current year \$ (log of the changes to inforce December 31 of the changes to inforce December 31 of current year \$ (log of the changes to inforce December 31 of the changes to inforce December 31 of the changes the chang | | | | | | | of | | | | | | |
| year | 20. In force December 31, prior | | | | | | rolicies | | | | | | |
| 22. Other changes to in force (Net) | year | | | | (a) | | | L | | | | | - |
| (Net) | 21. Issued during year 22. Other changes to in force | | | | | | | | | + | | - | |
| current year Composition | (Net) | - | | | | | | | | | | - | - |
| Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ | | | | | (a) | | | | | | | | |
| Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS, prior year \$ ACCIDENT AND HEALTH INSURANCE 1 2 3 4 5 Dividends Paid Or Credited On Direct Business Direct Losses Paid Incurred 24. Group Policies (b) | | | | | | | • | | | | | | |
| ACCIDENT AND HEALTH INSURANCE 1 2 3 4 5 Dividends Paid Or Credited On Direct Direct Premiums Earned Business Direct Losses Paid Incurred 24. Group Policies (b) | | | | | | | | | | | • | | |
| 1 2 Dividends Paid Or Credited On Direct Losses Paid Direct Losses Paid Incurred 24. Group Policies (b) | zodno grodior man co monuno | u | | | | • | • | | | , 0 | ασ γσα. φ · · · · | | |
| 24. Group Policies (b) 24.1 Federal Employees Health Benefits Plan premium (b) 24.2 Credit (Group and Individual) 24.3 Collectively renewable policies (b) 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies: 25.1 Non-cancelable (b) 25.2 Guaranteed renewable (b) 25.3 Non-renewable for stated reasons only (b) 25.4 Other accident only 25.5 All other (b) 26. Totals (sum of Lines 25.1 to 25.5) 27. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | A | | | пЕА | | 10Cr | | 3 | 1 | | 5 |
| Direct Premiums Earned Business Direct Losses Paid Incurred 24. Group Policies (b) 24.1 Federal Employees Health Benefits Plan premium (b) 24.2 Credit (Group and Individual) 24.3 Collectively renewable policies (b) 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies: 25.1 Non-cancelable (b) 25.2 Guaranteed renewable (b) 25.3 Non-renewable for stated reasons only (b) 25.4 Other accident only 25.5 All other (b) 26. Totals (sum of Lines 25.1 to 25.5) 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | - | | | | Dividend | ds Paid Or | | | |
| 24. Group Policies (b) | | | | Direct P | remiums | Dir | | ums | | | | s Paid | |
| premium (b) 24.2 Credit (Group and Individual) 24.3 Collectively renewable policies (b) 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies: 25.1 Non-cancelable (b) 25.2 Guaranteed renewable (b) 25.3 Non-renewable for stated reasons only (b) 25.4 Other accident only 25.5 All other (b) 25.6 Totals (sum of Lines 25.1 to 25.5) 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | 24.1 | | | | | | | | | |
| 24.2 Credit (Group and Individual) 24.3 Collectively renewable policies (b) 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies: 25.1 Non-cancelable (b) 25.2 Guaranteed renewable (b) 25.3 Non-renewable for stated reasons only (b) 25.4 Other accident only 25.5 All other (b) 25.6 Totals (sum of Lines 25.1 to 25.5) 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | | | | | | Ĺ | | | <u></u> | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies: 25.1 Non-cancelable (b) 25.2 Guaranteed renewable (b) 25.3 Non-renewable for stated reasons only (b) 25.4 Other accident only 25.5 All other (b) 25.6 Totals (sum of Lines 25.1 to 25.5) 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 24.2 Credit (Group and Individu | ual) | | | | ļ | | | | | | | |
| Other Individual Policies: 25.1 Non-cancelable (b) | | | | | | | | | | | | | |
| 25.1 Non-cancelable (b) | | pi nom Sidi | e lanes ul 1662 | | | † | | | † | | | | |
| 25.3 Non-renewable for stated reasons only (b) | 25.1 Non-cancelable (b) | | | | | | | | | | | | |
| 25.4 Other accident only | | | | | | 1 | | · [| | | | | |
| 25.5 All other (b) | | | * ` ' | 75 | | | 17 | | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 25.5 All other (b) | | | | | | | ₹. | | | | | |
| | , | , | | | | | | | | | | | |
| to the state of th | · | | | of persons | nsured unde | er PPC |) managed | d care n | roducts | | and | l number of | persons |



SUPPLEMENT FOR THE YEAR 2017 OF THE HI

| | CT BUSINESS IN THE | | F Illinois | | LI | | NSUR <i>A</i> | | E | | DURI | NG THE Y | EAR 2017 Code 60052 |
|-----------|---|--------------|-------------------|-------------------|-------------------------|----------|----------------------------------|--------------|----------|----------------|----------------|-----------|---------------------------|
| | AND ANNUITY C | | ATIONS | Ordi | l nary | | 2 dit Life (Gr nd Individu | | | oup | 4 Industria | ı | 5 Total |
| 1. 2. | Life insurance Annuity considerations | | | | | | | | | | | | |
| 3. 4. | Deposit-type contract fund Other considerations | | | | | | XXX | | | | | | |
| 4. 5. | Totals (Sum of Lines 1 to 4 | | | | | | | | | | | | |
| | DIRECT DIVIDENDS | TO POLIC | YHOLDERS | | | | | | | | | | |
| | 6.1 Paid in cash or left on | deposit | | | | | | | | | | | |
| | 6.2 Applied to pay renewal | l premiums | | | | | | | | | | | |
| | 6.3 Applied to provide paid the endowment or pre | mium-payi | ng period | | | | | | | | | | |
| | 6.4 Other 6.5 Totals (sum of Line 6.1 | | | | | | | | | | | | |
| | Annuities: | , | | | | | | | | | | | |
| | 7.1 Paid in cash or left on c7.2 Applied to provide paid | | | | | | | | | | | | |
| | 7.3 Other | | | \ I | | | | | | | | | |
| 8. | 7.4 Totals (sum of Lines 7. Grand Totals (Lines 6.5 pl | | | \ | | | | | | | | | |
| 0. | DIRECT CLAIMS A | ND BENE | | 1 | 1 | | | 4 | | | | | |
| 9. 10. | Death benefits Matured endowments | | | | | | | | | | | | |
| 11. | Annuity benefits | | | | | | | | | | | | |
| 12. 13 | Surrender values and with Aggregate write-ins for mis | | F | | | <u> </u> | | | | | | | |
| | and benefits paid | | | | | <u> </u> | | | ļ | | | | |
| | All other benefits, except a Totals | eccident an | a health | | | | | | | | | | |
| | DETAILS OF WRITE-INS | | | | | | | | | | | | |
| 1301. | | | | | | | | | | | | | |
| 1303. | · | | | | | | | | | | | | |
| | Summary of Line 13 from a Totals (Lines 1301 thru 13 | | | | | | | | | | | | |
| | above) | · | , (| | | | | | | | | | |
| | | | Ordinary | | Credit Life and Individ | lual) | | Grou | n | | Industrial | | Total |
| | DIRECT DEATH BENEFITS AND | 1 | 2 | 3 No. of | 4 | | 5 | C | 6 | 7 | 8 | 9 | 10 |
| | MATURED | | | Ind.Pols. | | | | | | | | | |
| | ENDOWMENTS INCURRED | No. | Amount | & Gr. Certifs. | Amou | nt | No. of Certifs. | Α | mount | No. | Amount | No. | Amount |
| | Inpaid December 31, prior | | | | | | | | | | | | |
| 17. lı | year ncurred during current year | | | | | | ‡ | | | | | | |
| | Settled during current year: 8.1 By payment in full | | | | | | | | | | | | |
| | 8.2 By payment on | | | | | | | | | | | | |
| 1 | compromised claims 8.3 Totals paid | | | | | | | | | | | | |
| 1 | 8.4 Reduction by compromise | | | | | | | _ | | | | | |
| 1 | 8.5 Amount rejected | | | \ | | | | | | | | | |
| | 8.6 Total settlements Inpaid Dec. 31, current | | | | - | | | - | | | | | |
| | year (16+17-18.6) | | | - | | | | | | | | | |
| | POLICY EXHIBIT | | | | | | Policies | | | | | | |
| | n force December 31, prior year | | | | (a) | | | | | | | | |
| 21. Is | ssued during year | | | | | | | | | | | | - |
| | Other changes to in force (Net) | | | | | | | | | | | | |
| | n force December 31 of current year | | | | (a) | | | | | | | | |
| (a) Inc | ludes Individual Credit Life I ludes Group Credit Life Insu | | | | , (| | • | | | | urrent year \$ | | |
| | ans greater than 60 months | | | | | | | | | | urrent year \$ | | |
| | | | Α | CCIDE | NT AND | HEA | ALTH IN | ISU F | RANCE | | | | |
| | | | | | 1 |] | 2 | | | 3 s Paid Or | 4 | | 5 |
| | | | | Direct P | remiums | Dir | ect Premiu Earned | ıms | | On Direct ness | Direct Losses | Paid | Direct Losses Incurred |
| 24. | 1 () | | | Direct F | | ļ | _a | | Dusi | | Direct 203368 | . uu | mountou |
| 24.1 | Federal Employees Health premium (b) | | | | | <u> </u> | | | <u> </u> | | | | |
| | Credit (Group and Individu | ıal) | | | | ļ | | | ļ | | | | |
| | Collectively renewable poli Medicare Title XVIII exemp | . , | T T | | | | | | | | | | |
| | Other Individual Policies: | | | . = | | | | | | | | T | |
| | Non-cancelable (b) | | | \ . | | | | | | | | | |
| 25.3 | Non-renewable for stated i | reasons or | ıly (b) | 1 | | | 17 | | | | | | |
| | Other accident only | | | W | | | | | | | | | |
| 25.6 | Totals (sum of Lines 25.1 | to 25.5) | | | | | | | | | | | |
| | Totals (Lines 24 + 24.1 + 2 For health business on indic | | | of persons : | nsured und | or PPC |) managod | l care r | producte | | and | number of | nersons |
| (U) | i oi neami business un illul | cateu IIIIES | TUDUIL INUITIDE (| ו מווספוטע יי | เเอนเซน นเเนีย | JI F F U | manaueu | ı vait l | " CMMM9" | | and | | PCIOCIO |

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insured under indemnity only products



| DIRECT BUSINESS IN THE NAIC Group Code 0119 | STATE O | F Indiana | | L | IFE II | NSUR <i>A</i> | ANCE | = | | _ | | YEAR 2017 y Code 6005 |
|--|-----------------------------|----------------|---------------------|----------------------------|-------------|--|----------|----------|---|----------------|------------|---------------------------|
| | DDEMILIAG | | - | 1 | 0 | 2 | | | 3 | 4 | | 5 |
| AND ANNUITY | PREMIUMS CONSIDER | | Ordi | nary | | dit Life (Gr nd Individu: | | Gi | roup | Industr | ial | Total |
| Life insurance | | | | | | | | | | | | |
| Annuity considerations | | | | | | | | | | T | | |
| Deposit-type contract fun Other considerations | | | | | | XXX | | | | XXX | | |
| 5. Totals (Sum of Lines 1 to | | | | | | | | | | | | |
| DIRECT DIVIDENDS | S TO POLIC | YHOLDERS | | | | | | | | | | |
| Life insurance: | a danaait | | | | | | | | | | | |
| 6.1 Paid in cash or left or 6.2 Applied to pay renew | | | | | | | | | | | | |
| 6.3 Applied to provide pa | id-up additio | ons or shorten | | | | | | | | | | |
| the endowment or pr | | | | | | | | | | | | |
| 6.5 Totals (sum of Line 6 | 6.1 to 6.4) | | | | | | | | | | | |
| Annuities: | | | | | | | | | | | | |
| 7.1 Paid in cash or left or | | | | | | | | | | | | |
| 7.2 Applied to provide pa | | | | | | | | | | | | |
| 7.4 Totals (sum of Lines | | | \ | | M / | | | | | | | |
| 8. Grand Totals (Lines 6.5) | | | | | | | | | | | | |
| DIRECT CLAIMS | | | W | | | | | | | | | |
| Death benefits Matured endowments | | | | | | | | | | | | |
| 11. Annuity benefits | | | | | | | | | | | | |
| 12. Surrender values and wit | | | | | ļ | | | ļ | | | <u>-</u> | |
| Aggregate write-ins for m and benefits paid | | | | | | | | | | | | |
| 14. All other benefits, except | | | | | İ | | | | | | t | |
| 15. Totals | | | | | | | | | | | | |
| DETAILS OF WRITE-IN | - | | | | | | | | | | | |
| 1301. 1302. | | | | | l | | | | | | | |
| 1303. | | | | | | | | | | | | |
| 1398. Summary of Line 13 from | n overflow pa | age | | | | | | | | | | |
| 1399. Totals (Lines 1301 thru 1 above) | 303 plus 139 | 98) (Line 13 | | | | | | | | | | |
| above) | | | | | | | | | | 1 | | |
| | | Ordinary | | Credit Life and Individ | dual) | | Group | 1 | | ndustrial | | Total |
| DIRECT DEATH | 1 | 2 | 3 | 4 | auuij | 5 | Group | 6 | 7 | 8 | 9 | 10 |
| BENEFITS AND MATURED | | | No. of Ind.Pols. | | | | | | | | | |
| ENDOWMENTS | | | & Gr. | | | No. of | | | | | | |
| INCURRED | No. | Amount | Certifs. | Amou | nt | Certifs. | Α | mount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year | | | | | | | | | | | | |
| 17. Incurred during current yea | r | | | | | | | | | | | |
| Settled during current year: | | | | | | | | | | | | |
| 18.1 By payment in full 18.2 By payment on | | | | | | | | | | | | |
| compromised claims | | | | | | | | | | | | |
| 18.3 Totals paid | | | | | | | | | | | | |
| 18.4 Reduction by compromise | | | | | | | | | | | | |
| 18.5 Amount rejected | | | . | | | | | | | | | |
| 18.6 Total settlements | | | | | | | | | | | | |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | | | | | | 1 | | | | | | |
| - | | | | | | . of | | | | | | |
| POLICY EXHIBIT | | _ | _ | | | Policies | | | | | | |
| 20. In force December 31, prior year | | | | (a) | | <u> </u> | | | <u> </u> | | | |
| 21. Issued during year | | | | | | | | | | | | |
| 22. Other changes to in force (Net) | | | | | | | | |]] | | | |
| 23. In force December 31 of | | | | | | 1 | | | 1 | | | |
| current year | . Inne: | wiew ver A | | (a) | · | \(\text{\tint{\text{\tint{\text{\tin}\text{\text{\text{\text{\text{\text{\text{\text{\text{\ti}\text{\text{\text{\text{\text{\text{\text{\text{\text{\text{\tin}\tint{\text{\tin}\tint{\text{\text{\text{\text{\text{\text{\text{\text{\texi}\text{\text{\texi}\tint{\text{\texi}\text{\texi}\text{\texi}\tex{\texi}\text{\texi}\text{\texit{\texi}\text{\texi}\text{\texi}\ti | | | | | | |
| (a) Includes Individual Credit Life Includes Group Credit Life Ins | - | - | l to 60 m | | | - | | | | urrent year \$ | | |
| Loans greater than 60 month | | | • | | | | | | | urrent year \$ | | |
| | | | CCIDE | | | | | | | • | | |
| | | | | NI AND | I | <u> 2</u> | 10UF | | 3 | 4 | T | 5 |
| | | | | - | | | | Dividend | ds Paid Or | | | |
| | | | Direct P | remiums | Dire | ect Premiu Earned | ıms | | On Direct | Direct Loss | ps Paid | Direct Losses Incurred |
| 24. Group Policies (b) | | | שוופטו ר | | <u> </u> | Larrieu | | DUS | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | שופטו בייום | oo i alu | mounted |
| 24.1 Federal Employees Heal | th Benefits F | Plan | | | | | | | | | | |
| premium (b) 24.2 Credit (Group and Individ | | | | | | | | | | | | |
| 24.3 Collectively renewable po | | | | | _ | | | | | | | |
| 24.4 Medicare Title XVIII exer | npt from stat | | | | | | | | | | | |
| Other Individual Policies: | | | _ | | | | | | | | | |
| 25.1 Non-cancelable (b) | | | \ - | | B | | | | | | | |
| 25.2 Guaranteed renewable (I | , | | | | † ** | | | | | | · | |
| 25.4 Other accident only | | * ' ' | | | الا | | | | | | | |
| | | | | _ | | _ | | | | 1 | | |
| 25.5 All other (b) | | | | | | | ₹ | | | | | |
| 25.6 Totals (sum of Lines 25. | 1 to 25.5) | | | | | | | | | | | |
| ` ' | 1 to 25.5) - 24.2 + 24.3 | + 24.4 + 25.6) | of porces | neurod | or BDC | monose | 0075 | aroducts | | aı | ad purel - | of porsess |

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insured under indemnity only products



| DIRECT BUSINESS IN THE NAIC Group Code 0119 | STATEO |)⊢ Iowa | | LI | IFE II | NSUR | ANCE | = | | _ | | EAR 2017 Code 60052 |
|--|--|--|---------------------------|--------------------------|-----------|------------------------------------|----------|------------------------------|-------------------------------------|----------------|--------|--------------------------|
| · | PREMIUMS | | | 1 inary | Cred | 2 dit Life (G d Individu | roup | ; | 3 oup | 4 Industria | | 5 Total |
| Life insurance | | | | | | | | | | | | |
| Annuity considerations | | | | | | | | | | | | |
| Deposit-type contract functions Other considerations | | | | | | | | | | | | |
| 5. Totals (Sum of Lines 1 to | 4) | | | | | | | | | | | |
| DIRECT DIVIDENDS | TO POLIC | YHOLDERS | | | | | | | | | | |
| Life insurance: | | | | | | | | | | | | |
| 6.1 Paid in cash or left on 6.2 Applied to pay renewa | deposit | | | | | | | | | | | |
| 6.3 Applied to provide paid | d-up addition | ons or shorten | | | | | | | | | | |
| the endowment or pre | mium-payi | ng period | | | | | | | | | | |
| 6.4 Other | | | | | | | | | | | | |
| Annuities: | 1 10 0.1/ | | | | | | | | | | | |
| 7.1 Paid in cash or left on | | | | | | | | | | | | |
| 7.2 Applied to provide paid | | | | | | | | | | | | |
| 7.3 Other 7.4 Totals (sum of Lines 7 | | | · | | | | | | | | | |
| 8. Grand Totals (Lines 6.5 pl | | | | | | | | | | | | |
| DIRECT CLAIMS A | ND BENE | | 71 | | | | 7 | | | | | |
| 9. Death benefits | | | | | <i>J.</i> | | . | | — | | | |
| Matured endowments Annuity benefits | | | | | | | | | | | | |
| 12. Surrender values and with | | | | | | | | | | | | |
| 13. Aggregate write-ins for mi | scellaneous | s direct claims | | | | | | | | | | |
| and benefits paid | | | | | | | | | | | | |
| 15. Totals | LOUIGOIN ALI | ~ 110aiti1 | | | | | | | | 1 | t | |
| DETAILS OF WRITE-INS | | | | | | | | | | | | |
| 1301. | | | | | <u> </u> | | | | | | | |
| 1302. | | | | | | | | | | | | |
| 1303 1398. Summary of Line 13 from | overflow pa | age | | | | | | | | | | |
| 1399. Totals (Lines 1301 thru 13 | | | | | | | | | | | | |
| above) | | | | | | | | | | | | |
| | | Ourding and | | Credit Life | l=1\ | | 0 | _ | | | | T-4-1 |
| DIRECT DEATH | 1 | Ordinary 2 | (Grou) | and Individ | iuai) | 5 | Group | <u>6</u> | 7 | ndustrial 8 | 9 | Total 10 |
| BENEFITS AND | | _ | No. of | | | | | Ü | , | Ū | | |
| MATURED ENDOWMENTS | | | Ind.Pols. & Gr. | | | No. of | | | | | | |
| INCURRED | No. | Amount | Certifs. | Amoui | nt | Certifs. | Α | mount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior | | | | | | | | | | | | |
| year 17. Incurred during current year | | | | | | | | | | | | |
| Settled during current year: | | | | | | | | | | | | |
| 18.1 By payment in full | | | | | | | | | | | | |
| 18.2 By payment on compromised claims. | | | | | | | | | | | | |
| 18.3 Totals paid | | | | | | | | | | | | |
| 18.4 Reduction by | | _ | _ | | | | _ | | | | | |
| compromise 18.5 Amount rejected | | | \ | | | | | | | | - | |
| 18.6 Total settlements | - | | | | | 7 / | | | | | | |
| 19. Unpaid Dec. 31, current | | | | | | | | | | | | |
| year (16+17-18.6) | | | | | | . of | | | | | | |
| POLICY EXHIBIT | | _ | _ | | | Policies | | | | | | |
| 20. In force December 31, prior year | | | | (a) | | | | | | | | |
| 21. Issued during year | | | | (α, | | | | | | | | |
| 22. Other changes to in force | | | | | | | | | | | | |
| (Net) | | | | | | | | | | | | - |
| current year | | | | (a) | | | | | | | | |
| | | rior vear \$ | | , 0 | | | | | | umant vaar f | | |
| (a) Includes Individual Credit Life | | | | | | บงคลเฉ | | | | urrent year \$ | | |
| (a) Includes Individual Credit Life Includes Group Credit Life Inst | urance Loa | ns less than or eq | jual to 60 m | | | | | | CI | urrent vear \$ | | |
| (a) Includes Individual Credit Life | urance Loa | ns less than or eq JT NOT GREATE | ual to 60 m R THAN 1 | 20 MONTHS | S, prior | year \$ | | | , C | urrent year \$ | | |
| (a) Includes Individual Credit Life Includes Group Credit Life Inst | urance Loa | ns less than or eq JT NOT GREATE | ual to 60 m R THAN 1 | 20 MONTHS NT AND | S, prior | year \$ | | RANCE | | | ······ | |
| (a) Includes Individual Credit Life Includes Group Credit Life Inst | urance Loa | ns less than or eq JT NOT GREATE | ual to 60 m R THAN 1 | 20 MONTHS | HEA | year \$ ALTH IN 2 | NSUF | PANCE Dividend | 3 s Paid Or | urrent year \$ | | 5 |
| (a) Includes Individual Credit Life Includes Group Credit Life Inst | urance Loa | ns less than or eq JT NOT GREATE | jual to 60 m ER THAN 1 | 20 MONTHS NT AND 1 | HEA | year \$ LTH IN 2 ect Premiu | NSUF | Dividend Credited | 3 s Paid Or On Direct | 4 | | 5 Direct Losses |
| (a) Includes Individual Credit Life Includes Group Credit Life Inst Loans greater than 60 months | urance Loa at issue Bl | ns less than or ed JT NOT GREATE A | jual to 60 m ER THAN 1 | 20 MONTHS NT AND | HEA | year \$ ALTH IN 2 | NSUF | Dividend Credited | 3 s Paid Or | | | 5 |
| (a) Includes Individual Credit Life Includes Group Credit Life Inst Loans greater than 60 months 24. Group Policies (b) | urance Loa at issue Bl | ns less than or ed JT NOT GREATE A | jual to 60 m ER THAN 1 | 20 MONTHS NT AND 1 | HEA | year \$ LTH IN 2 ect Premiu | NSUF | Dividend Credited | 3 s Paid Or On Direct | 4 | | 5 Direct Losses |
| (a) Includes Individual Credit Life Includes Group Credit Life Inst Loans greater than 60 months 24. Group Policies (b) | urance Loa at issue Bl | ns less than or ed JT NOT GREATE A | jual to 60 m ER THAN 1 | 20 MONTHS NT AND 1 | HEA | year \$ LTH IN 2 ect Premiu | NSUF | Dividend Credited | 3 s Paid Or On Direct | 4 | | 5 Direct Losses |
| (a) Includes Individual Credit Life Includes Group Credit Life Inst Loans greater than 60 months 24. Group Policies (b) | urance Loa at issue Bl h Benefits F | ns less than or ed JT NOT GREATE A | jual to 60 m ER THAN 1 | 20 MONTHS NT AND 1 | HEA | year \$ LTH IN 2 ect Premiu | NSUF | Dividend Credited | 3 s Paid Or On Direct | 4 | | 5 Direct Losses |
| (a) Includes Individual Credit Life Includes Group Credit Life Inst Loans greater than 60 months 24. Group Policies (b) | at issue But he Benefits For Line and L | ns less than or ed JT NOT GREATE A | jual to 60 m ER THAN 1 | 20 MONTHS NT AND 1 | HEA | year \$ LTH IN 2 ect Premiu | NSUF | Dividend Credited | 3 s Paid Or On Direct | 4 | | 5 Direct Losses |
| (a) Includes Individual Credit Life Includes Group Credit Life Inst Loans greater than 60 months 24. Group Policies (b) | h Benefits F Jal) Jordan State Jordan Sta | ns less than or ed JT NOT GREATE A Plan te taxes or fees | jual to 60 m ER THAN 1 | 20 MONTHS NT AND 1 | HEA | year \$ LTH IN 2 ect Premiu | NSUF | Dividend Credited | 3 s Paid Or On Direct | 4 | | 5 Direct Losses |
| (a) Includes Individual Credit Life Includes Group Credit Life Instance Loans greater than 60 months 24. Group Policies (b) | h Benefits Fullicies (b) | ns less than or ed JT NOT GREATE A Plan te taxes or fees | jual to 60 m ER THAN 1 | 20 MONTHS NT AND 1 | HEA | year \$ LTH IN 2 ect Premiu | NSUF | Dividend Credited | 3 s Paid Or On Direct | 4 | | 5 Direct Losses |
| 24. Group Policies (b) 24. Group Policies (b) 24.1 Federal Employees Health premium (b) 24.2 Credit (Group and Individual Cardit (Group and Individual Policies) 24.4 Medicare Title XVIII exem Other Individual Policies: 25.1 Non-cancelable (b) 25.2 Guaranteed renewable (b) | h Benefits F Jal) pt from stat | Plan te taxes or fees | jual to 60 m ER THAN 1 | 20 MONTHS NT AND 1 | HEA | year \$ LTH IN 2 ect Premiu | NSUF | Dividend Credited | 3 s Paid Or On Direct | 4 | | 5 Direct Losses |
| 24. Group Policies (b) 24. Group Policies (b) 24.1 Federal Employees Healtl premium (b) 24.2 Credit (Group and Individue) 24.3 Collectively renewable poes the poes of the premium (b) 24.4 Medicare Title XVIII exem Other Individual Policies: 25.1 Non-cancelable (b) | h Benefits Fullicies (b)pt from staf | Plan Let taxes or fees | jual to 60 m ER THAN 1 | 20 MONTHS NT AND 1 | HEA | year \$ LTH IN 2 ect Premiu | NSUF | Dividend Credited | 3 s Paid Or On Direct | 4 | | 5 Direct Losses |
| (a) Includes Individual Credit Life Includes Group Credit Life Instance Loans greater than 60 months 24. Group Policies (b) | h Benefits F ual) pt from stat | Plan Le taxes or fees | jual to 60 m ER THAN 1 | 20 MONTHS NT AND 1 | HEA | year \$ LTH IN 2 ect Premiu | NSUF | Dividend Credited | 3 s Paid Or On Direct | 4 | | 5 Direct Losses |
| (a) Includes Individual Credit Life Includes Group Credit Life Instance Loans greater than 60 months 24. Group Policies (b) | h Benefits F ual) pt from stat | Plan let taxes or fees | jual to 60 m ER THAN 1 | 20 MONTHS NT AND 1 | HEA | year \$ LTH IN 2 ect Premiu | NSUF | Dividend Credited | 3 s Paid Or On Direct | 4 | | 5 Direct Losses |
| a) Includes Individual Credit Life Includes Group Credit Life Instance Loans greater than 60 months 24. Group Policies (b) | h Benefits F ual) pt from stat reasons on to 25.5) 24.2 + 24.3 | Plan Let taxes or fees Let taxes or fees Let taxes or fees Let taxes or fees Let taxes or fees | Direct P | NT AND 1 remiums | Dire | year \$ LTH II 2 ect Premiu Earned | ums | Dividend Credited Busi | 3 s Paid Or On Direct ness | 4 | s Paid | 5 Direct Losses Incurred |



| DIRECT BUSINESS IN THE STATE OF A NAIC Group Code 0119 | Kansas | | L | IFE II | NSUR | ANCE | <u> </u> | | | | YEAR 2017 ny Code 60052 |
|---|---------------|--------------------|----------------|----------|------------------|------------|----------|-----------------|---------------|----------|----------------------------|
| DIRECT PREMIUMS | | | 1 | | 2 dit Life (G | | | 3 | 4 | Joinpai | 5 |
| AND ANNUITY CONSIDERATION | | Ordi | inary | | d Individu | | Gr | oup | Industria | ıl | Total |
| Life insurance Annuity considerations | | | | | | | | | | | |
| Deposit-type contract funds | | | | | XXX | | | | XXX | | |
| Other considerations Totals (Sum of Lines 1 to 4) | | | | | | | | | 1 | | |
| DIRECT DIVIDENDS TO POLICYHO | LDERS | | | | | | | | | | |
| Life insurance: | | | | | | | | | | | |
| 6.1 Paid in cash or left on deposit 6.2 Applied to pay renewal premiums | | | | | | | | | | | |
| 6.3 Applied to provide paid-up additions of the endowment or premium-paying p | | | | | | | | | | | |
| 6.4 Other | | | | | | | | | | | |
| 6.5 Totals (sum of Line 6.1 to 6.4) | | | | | | | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | | | | | | | |
| 7.2 Applied to provide paid-up annuities 7.3 Other | | | | | | | | | | | |
| 7.4 Totals (sum of Lines 7.1 to 7.3) | | | | | | | | | | | |
| 8. Grand Totals (Lines 6.5 plus 7.4) DIRECT CLAIMS AND BENEFITS | PAID | lack | | | 17 | \forall | | | | | |
| 9. Death benefits | | | | | | <u> </u> | | | | | |
| Matured endowments Annuity benefits | | | | | | | | | | | |
| Surrender values and withdrawals for life | Г | | | | | | | | | | |
| Aggregate write-ins for miscellaneous dire and benefits paid | | | | <u> </u> | | | | | | | |
| All other benefits, except accident and he | | | | Ī | | | | | I | | |
| 15. Totals DETAILS OF WRITE-INS | | | | | | | | | | | |
| 1301. | | | | | | | | | | | |
| 1302. 1303. | | | | | | | | | | | |
| 1398. Summary of Line 13 from overflow page | | | | | | | | | | | |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (above) | Line 13 | | | | | | | | | | |
| | " | | Credit Life | | | | I. | | | | |
| | nary | (Group | and Individ | dual) | | Group | | | dustrial | | Total |
| DIRECT DEATH 1 BENEFITS AND | 2 | 3 No. of | 4 | | 5 | | 6 | 7 | 8 | 9 | 10 |
| MATURED ENDOWMENTS | | Ind.Pols. & Gr. | | | No. of | | | | | | |
| INCURRED No. 16. Unpaid December 31, prior | Amount | Certifs. | Amou | nt | Certifs. | Α | mount | No. | Amount | No. | Amount |
| year | | | | | | | | | | | |
| 17. Incurred during current year Settled during current year: | | | | | | | | | | | |
| 18.1 By payment in full | | | | | | | | | | | |
| 18.2 By payment on compromised claims | | | | | | | | | | | |
| 18.3 Totals paid | | | | | | | | | | | |
| 18.4 Reduction by compromise | | | | | | | | | | | |
| 18.5 Amount rejected | | \ | | | | | | _ | | | |
| 19. Unpaid Dec. 31, current | - | | | | | 7 | | | | | |
| year (16+17-18.6) | | + 1 | | | . of | ┫ | - | | | | |
| POLICY EXHIBIT 20. In force December 31, prior | _ | | | | Policies | | | | | | |
| year | | | (a) | | | | | | | - | |
| 21. Issued during year | | | | | | | | | | | |
| (Net) | | | | | | | | | | | |
| current year | | | (a) | | | | | | | | |
| (a) Includes Individual Credit Life Insurance prior Includes Group Credit Life Insurance Loans le | | | , onths at iss | | | | | , cui | rrent vear \$ | | |
| Loans greater than 60 months at issue BUT N | | • | | | | | | , cui | - | | |
| | A | CCIDE | NT AND | HEA | LTH I | NSUF | RANCE | | | | |
| | | • | 1 | | 2 | | | 3 Is Paid Or | 4 | | 5 |
| | | D: | | Dire | ect Premiu | ums | Credited | On Direct | D | <u> </u> | Direct Losses |
| 24. Group Policies (b) | | Direct P | remiums | | Earned | | Bus | iness | Direct Losses | s Paid | Incurred |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | | | | | | | |
| 24.2 Credit (Group and Individual) | | | | ļ | | | | | | | |
| 24.3 Collectively renewable policies (b) | | | | | | | l | | | | |
| Other Individual Policies: | | | | <u> </u> | | | | | † | | |
| 25.1 Non-cancelable (b) | | \ - | | | | | | | | | |
| 25.3 Non-renewable for stated reasons only (b |) | | | | | \ . | | | † | | |
| 25.4 Other accident only | | | | J | | W - | | - | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | T | | | | 1 | | | † | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.3 + 24.1 + 24.2 + 24.3 + | | -1 | | BBC | | | | | | | |
| (b) For health business on indicated lines repo | ort: Number o | ot persons i | nsured unde | er PPO | managed | d care p | products | | and | number | ot persons |

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insured under indemnity only products



| DIRECT B | USINESS IN THE Sup Code 0119 | STATE O | F Kentucky | | | IFE II | NSUR <i>A</i> | ANCE | | | | | YEAR 2017 by Code 60052 |
|--|---|-------------------------|-----------------|---------------------|--------------|----------|-------------------|---------|--------------|---|---------------|--------|----------------------------|
| | DIRECT P | REMIUMS | | | 1 | Crec | 2 dit Life (Gr | roup | | 3 | 4 | | 5 |
| | AND ANNUITY C | ONSIDER! | ATIONS | Ordi | nary | | d Individu | | Gr | roup | Industria | al | Total |
| | insurance | | | | | | | | | | | | |
| | uity considerations osit-type contract fund: | | | | | | VVV | | | | XXX | | |
| | er considerations | | | | | | | | | | | | |
| | lls (Sum of Lines 1 to 4 | , | | | | | | | | | | | |
| | DIRECT DIVIDENDS | TO POLIC | YHOLDERS | | | | | | | | | | |
| _ | insurance: | | | | | | | | | | | | |
| | Paid in cash or left on o Applied to pay renewal | | | | | | | | | | | | |
| | Applied to pay renewal Applied to provide paid | | | | | | | | | | | | |
| | the endowment or prei | mium-payir | g period | | | | | | | | | | |
| 6.4 (| Other | | | | | <u> </u> | | | | | | | |
| | Totals (sum of Line 6.1 uities: | to 6.4) | | | | | | | | | | | |
| | uilles: Paid in cash or left on o | denosit | | | | | | | | | | | |
| | Applied to provide paid | | | | | | | | | | | | |
| 7.3 (| Other | | | \ | | | | | | | | | |
| | Totals (sum of Lines 7. | | | . | | | | | | | | | |
| 8. Grai | nd Totals (Lines 6.5 plu | | | | | | | | | | | | |
| 9. Dea | DIRECT CLAIMS AI th benefits | | - | 74 | | | | | | | | | |
| | ured endowments | | | | | - | - | | | | | | |
| | uity benefits | | | | | I | | | | | | | |
| | ender values and with | | i i | | | ļ | |] | ļ | | | | |
| | regate write-ins for mis | | | | | | | | | | | | |
| | d benefits paid ther benefits, except a | | | | | † | | | t | | | | |
| 15. Tota | | unt | | | | † | | | | | | | |
| | AILS OF WRITE-INS | | | | | | | | | | | | |
| 1301 | | | | | | _ | | | _ | | | | |
| | | | | | | | | | | | | | |
| | mary of Line 13 from o | | | | | | | | | | | | |
| | ills (Lines 1301 thru 13 | | _ | | | | | | | | | | |
| | ove) | 00 p.a0 .00 | (2.1.0 1.0 | | | | | | | | | | |
| | | | | 1 . | Credit Life | | | | | | | | |
| | | (| Ordinary | | and Individ | dual) | | Group | р | In | dustrial | | Total |
| | DIRECT DEATH | 1 | 2 | 3 | 4 | | 5 | | 6 | 7 | 8 | 9 | 10 |
| t | BENEFITS AND MATURED | | | No. of Ind.Pols. | | | | | | | | | |
| E | ENDOWMENTS | | | & Gr. | | | No. of | | | | | | |
| 40 11 1 | INCURRED | No. | Amount | Certifs. | Amou | nt | Certifs. | Α | mount | No. | Amount | No. | Amount |
| | December 31, prior | | | | | | | | | | | | |
| | d during current year | | | | | | | <u></u> | | | | | |
| | I during current year: | | | | | | | | | | | | |
| | y payment in full | | | | | | | | | | | | |
| | y payment on compromised claims | | | | | | | | | | | | |
| | otals paid | | | | | | | L | | | | | |
| | eduction by | | _ | | | | _ | | | | | | |
| | compromise mount rejected | | | \ | | | - | r | | | | | |
| | otal settlements | | | | | | 1 | | | | | | |
| | Dec. 31, current | | | 7.7 | | | | | | | | | |
| | 16+17-18.6) | | | | | | | | | | | | |
| | OLICY EXHIBIT | | | | | | of Policies | | | | | | |
| | e December 31, prior | | | | | | rollcies | | | | | | |
| year. | | | | | (a) | | | | | ļ | | 4 | |
| | during year | | | | | | | | | | | | |
| | changes to in force | | | | | | | | | | | | |
| | e December 31 of | | | | | | | | | | | | |
| | nt year | | d | | (a) | | | | | | | | |
| | Individual Credit Life In Group Credit Life Insu | | - | | ontho at ico | | • | | | , cur | ront voor ¢ | | |
| | eater than 60 months | | | • | | | | | | , cur | • | | |
| | | | | | | | • | | | , | | | |
| | | | A | | NT AND | HEA | | 120E | | 2 | | п | |
| | | | | | 1 | | 2 | | | 3 ds Paid Or | 4 | | 5 |
| | | | | | | Dire | ect Premiu | ıms | | On Direct | | | Direct Losses |
| 04 - | D.F. 1. (1.) | | | Direct P | remiums | | Earned | | Bus | iness | Direct Losses | s Paid | Incurred |
| | up Policies (b) | | | | | | | | | | | | |
| | eral Employees Health mium (b) | | | | | | | | | | | | |
| 24.2 Cred | dit (Group and Individu | al) | | | | ļ | | | <u> </u> | | | | |
| | ectively renewable poli | | | | | | | | _ | | | | |
| | licare Title XVIII exemp | ot from state | e taxes or fees | | | { | | | | | | | |
| | er Individual Policies: | | | | | | | | | | | | |
| | -cancelable (b) ranteed renewable (b) | | | | | 1 | | | | | | | |
| | renewable for stated r | | | | | | | | | | İ | | |
| | | | , , , | AN. 1 | | | | | | | | | |
| | er accident only | | | | | + | | | | | | | |
| 25.4 Othe 25.5 All o | ther (b) | | | | | | | | | | | | |
| 25.4 Othe 25.5 All o 25.6 Tota | ther (b)ls (sum of Lines 25.1 t | to 25.5) | | V | | | | V | | | | | |
| 25.4 Other 25.5 All of 25.6 Total 26. Total | ther (b) | to 25.5) 24.2 + 24.3 | + 24.4 + 25.6) | V | | 7 | | | | | and | | |



| DIRECT BUSINESS IN THE SNAIC Group Code 0119 | STATE O | F Louisiana | | 11 | IFF IN | NSUR/ | ΔNCF | = | | | | YEAR 2017 y Code 60052 |
|---|---------------------|-------------------|---------------------|----------------------------|--------------|---------------------------|------------|----------|-------------------------|---------------|--------------|---------------------------|
| · | | | | | | 2 | | | 3 | 4 | Compan | 5 |
| DIRECT F AND ANNUITY C | PREMIUMS ONSIDER | | Ordi | nary | | lit Life (G d Individu | | Gro | oup | Industria | ı | Total |
| Life insurance | | | | | | | | | | | | |
| Annuity considerations Deposit-type contract fund | | | | | | XXX | | | | XXX | | |
| Other considerations | | | | | | | | | | | | |
| 5. Totals (Sum of Lines 1 to 4 DIRECT DIVIDENDS | | VIIOI DEDO | | | | | | | | | | |
| Life insurance: | TO POLIC | THOLDERS | | | | | | | | | | |
| 6.1 Paid in cash or left on | | | | | | | | | | | | |
| 6.2 Applied to pay renewal | | | | | | | | | | | | |
| 6.3 Applied to provide paid the endowment or pre | mium-payir | ng period | | | | | | | | | | |
| 6.4 Other | | | | | | | | | | | - | |
| 6.5 Totals (sum of Line 6.1 Annuities: | 1 to 6.4) | | | | | | | | | | | |
| 7.1 Paid in cash or left on | • | F | | | | | | | | | | |
| 7.2 Applied to provide paid 7.3 Other | | | | | | | | | | | | |
| 7.4 Totals (sum of Lines 7 | | | | | | | | | | | - | |
| 8. Grand Totals (Lines 6.5 pl | | | | | | | | | | | | |
| 9. Death benefits | | | 74 | | | | | | | | | |
| Matured endowments | | | | | | | | | | | | |
| 11. Annuity benefits | | r | | | | | | | | | | |
| 12. Surrender values and with13. Aggregate write-ins for mis | | F | | | | | | | | | | |
| and benefits paid | | | | | | | | <u> </u> | | <u> </u> | | |
| 14. All other benefits, except a15. Totals | accident and | nealth | | | | | | | | | | |
| DETAILS OF WRITE-INS | | | | | | | | | | | | |
| 1301. | | | | | | | | | | | | |
| 1302. 1303. | | | | | | | | | | | | |
| 1398. Summary of Line 13 from | | | | | | | | | | | | |
| 1399. Totals (Lines 1301 thru 13 above) | 03 plus 139 | 98) (Line 13 | | | | | | | | | | |
| above) | | | | 0 131136 | 1 | | | | T | | <u> </u> | |
| | (| Ordinary | | Credit Life and Individ | dual) | | Group | 0 | Ir | ndustrial | | Total |
| DIRECT DEATH BENEFITS AND | 1 | 2 | 3 No. of | 4 | | 5 | | 6 | 7 | 8 | 9 | 10 |
| MATURED | | | No. of Ind.Pols. | | | | | | | | | |
| ENDOWMENTS INCURRED | No. | Amount | & Gr. Certifs. | Amou | nt | No. of Certifs. | _ | mount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior | INO. | Amount | Certiis. | Amou | ΠL | Geruis. | A | mount | INO. | Amount | INO. | Amount |
| year17. Incurred during current year | | | | | | | | | | | | |
| Settled during current year: | | | | | | | | | | | - | |
| 18.1 By payment in full | | | | | | | | | | | | |
| 18.2 By payment on compromised claims | | | | | | | | | | | | |
| 18.3 Totals paid | | | | | | | | | | | | |
| 18.4 Reduction by compromise | | | | | | | | | | | | |
| 18.5 Amount rejected | | | . | | | | | | | | | |
| 18.6 Total settlements | | | | | | | - | | | | | |
| year (16+17-18.6) | | | - 1 | | | | | | | | | |
| POLICY EXHIBIT | | | | | | of Policies | | | | | | |
| 20. In force December 31, prior | | | | | F | . 00.00 | | | | | | |
| year21. Issued during year | | | | (a) | | | | | | | | |
| 22. Other changes to in force | | | | | | | | | | | | |
| (Net)23. In force December 31 of | | | | | | | | | | | | |
| current year | | | | (a) | | | | | | | | |
| (a) Includes Individual Credit Life Includes Group Credit Life Insu | | | | onths at iss | | | | | | rrent vear \$ | | |
| Loans greater than 60 months | | | • | | | | | | | - | | |
| | | Δ | CCIDE | NT AND | HEA | LTH IN | NSUF | RANCE | | | | |
| | | - | | 1 | | 2 | | ; | 3 | 4 | | 5 |
| | | | | | Dire | ct Premiu | ıms | | ls Paid Or On Direct | | | Direct Losses |
| | | | Direct P | remiums | 5.10 | Earned | v | | iness | Direct Losses | Paid | Incurred |
| 24. Group Policies (b) 24.1 Federal Employees Health | | | | | | | | | | | | |
| premium (b) | | | | | <u> </u> | | | <u> </u> | | _ | | |
| 24.2 Credit (Group and Individu24.3 Collectively renewable pol | | | | | | | | | | - | | |
| 24.4 Medicare Title XVIII exemp | | | | | 1 | | | | | | | |
| Other Individual Policies: | | | _ | | | | | | _ | | | |
| 25.1 Non-cancelable (b) | | | \ | | | | | | | | | |
| 25.3 Non-renewable for stated | | | | | | 17 | \ . | | | | | |
| 25.4 Other accident only | | | | | | | | | | | | |
| 25.5 All other (b) | | | | | | | 4 | | | - | | |
| 26. Totals (Lines 24 + 24.1 + 2 | | | | | <u> </u> | | | | | | | |
| | antad linaa | report: Number of | of porcone i | nsured unde | or PPO | managed | d care n | roducts | | and | l number c | of nersons |

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| DIRECT BUSINESS IN THE NAIC Group Code 0119 | STATE O | F Maine | | L | IFE I | NSUR/ | ANCE | = | | | | YEAR 2017 y Code 60052 |
|---|---------------|-----------------|---------------------|------------------------------|----------|------------------|--------------|--------------|-----------------|---------------|--------------|---------------------------|
| · | PREMIUMS | | | 1 | | 2 dit Life (G | | | 3 | 4 | Compan | 5 |
| AND ANNUITY C | ONSIDERA | ATIONS | Ord | inary | | nd Individu | | Gr | oup | Industria | l l | Total |
| Life insurance Annuity considerations | | | | | ļ | | | | | | | |
| Deposit-type contract fund | | T T | | | | XXX | | | | XXX | | |
| Other considerations Totals (Sum of Lines 1 to 4) | | | | | | | | | | | - | |
| DIRECT DIVIDENDS | | YHOLDERS | | | | | | | | | | |
| Life insurance: 6.1 Paid in cash or left on | denosit | | | | | | | | | | | |
| 6.2 Applied to pay renewa | | r | | | | | | | | | | |
| 6.3 Applied to provide paid the endowment or pre | | | | | | | | | | | | |
| 6.4 Other | | | | | | | | | | | | |
| 6.5 Totals (sum of Line 6.1 Annuities: | 1 to 6.4) | | | | | | | | | | | |
| 7.1 Paid in cash or left on | deposit | | | | | | | | | | | |
| 7.2 Applied to provide paid 7.3 Other | | | | | | | | | | | | |
| 7.4 Totals (sum of Lines 7 | | | \ | | 1 | | | | | | | |
| 8. Grand Totals (Lines 6.5 pl | | TTO DAID | 7 I | | | | | | | | | |
| 9. Death benefits | | | | | | | | | | | | |
| 10. Matured endowments | | | | | | | <u> </u> | | | | | |
| Annuity benefits Surrender values and with | | r i | | | | | | | | | · | |
| 13. Aggregate write-ins for mis | scellaneous | direct claims | | | | | | | | | | |
| and benefits paid | | | | | <u> </u> | | | | | | | |
| 15. Totals | | | | | | | | | | | | |
| DETAILS OF WRITE-INS | | | | | | | | | | | | |
| 1302. | | | | | | | | | | | | |
| 1303 1398. Summary of Line 13 from | | | | | - | | | | | | | |
| 1399. Totals (Lines 1301 thru 13 | | - | | | | | | | | | | |
| above) | | | | | | | | | | | | |
| | | Ordinary | | Credit Life o and Individ | dual) | | Group | n | In | dustrial | | Total |
| DIRECT DEATH | 1 | 2 | 3 | 4 | auui) | 5 | | 6 | 7 | 8 | 9 | 10 |
| BENEFITS AND MATURED | | | No. of Ind.Pols. | | | | | | | | | |
| ENDOWMENTS INCURRED | No. | Amount | & Gr. Certifs. | Amou | nt | No. of Certifs. | Δ | mount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior | INU. | Amount | Certiis. | Amou | III. | Certiis. | A | mount | INO. | Amount | INO. | Amount |
| year | | | | | | | | | | | | |
| Settled during current year: | | | | | | | | | | | | |
| 18.1 By payment in full 18.2 By payment on | | | | | | | | | | | | |
| compromised claims | | | | | | | | | | | | |
| 18.3 Totals paid 18.4 Reduction by | | | | | | - | | | | | | |
| compromise 18.5 Amount rejected | | | \ | | | | | | | | | |
| 18.6 Total settlements | | | | | | | | | | | | |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | | | | | | | | | | | | |
| | | | | | | . of | | | | | | |
| POLICY EXHIBIT 20. In force December 31, prior | | | | | | Policies | | | | | | |
| year | | | | (a) | | _ | | | | | | |
| 21. Issued during year22. Other changes to in force | | | | | | † | | | † | | - | |
| (Net)23. In force December 31 of | | | | | | | | | | | | |
| current year | | | | (a) | | <u> </u> | | | | | | |
| (a) Includes Individual Credit Life I Includes Group Credit Life Insu | | • | | | | • | | | , cur | rent vear \$ | | |
| Loans greater than 60 months | | | • | | | | | | , cur | • | | |
| | | A | CCIDE | NT AND | HEA | ALTH II | NSUF | RANCE | | | | |
| | | | | 1 | | 2 | | | 3 Is Paid Or | 4 | | 5 |
| | | | | | Dir | ect Premi | ums | | On Direct | | | Direct Losses |
| 24. Group Policies (b) | | | Direct P | remiums | | Earned | | Busi | iness | Direct Losses | Paid | Incurred |
| 24.1 Federal Employees Health | n Benefits P | lan | | | † | | | | | <u>†</u> | | |
| premium (b) | | | | | <u> </u> | | | | | <u> </u> | <u></u> | |
| 24.3 Collectively renewable pol | icies (b) | | | | | | | | | | | |
| 24.4 Medicare Title XVIII exemple Other Individual Policies: | pt from state | e taxes or fees | | | | | | | | | | |
| 25.1 Non-cancelable (b) | | | | | | | | | | | | |
| 25.2 Guaranteed renewable (b)25.3 Non-renewable for stated | | | | | 1 | | | | | | | |
| 25.4 Other accident only | | | | | الا | | | | | | | |
| 25.5 All other (b) | | | | | | | 7 | | | <u> </u> | | |
| 26. Totals (Lines 24 + 24.1 + 2 | , | | | | | | | | | | | |
| (b) For health business on indi- | | | of persons | insured unde | er PPC |) managed | d care p | roducts | | and | l number o | of persons |

LS206.ME

insured under indemnity only products



| DIRECT BUSINESS IN THE S NAIC Group Code 0119 | STATE O | F Maryland | | L | IFE I | NSUR | ANCE | ≣ | | | | YEAR 2017 Code 60052 |
|---|---------------|------------------|---------------------|------------------------------|--------------|----------------------|------------|----------|-----------------|---------------|--------------|---------------------------|
| · | PREMIUMS | | | 1 | | 2 dit Life (G | | | 3 | 4 | | 5 |
| AND ANNUITY C | ONSIDERA | ATIONS | Ord | inary | | nd Individu | | Gro | oup | Industria | I | Total |
| Life insurance Annuity considerations | | | | | | | | | | | | |
| Deposit-type contract fund | s | | | | T | XXX | | | | XXX | | |
| Other considerations Totals (Sum of Lines 1 to 4) | | | | | | | | | | | | |
| DIRECT DIVIDENDS | | YHOLDERS | | | | | | | | | | |
| Life insurance: | | | | | | | | | | | | |
| 6.1 Paid in cash or left on | | | | | | | | | | | | |
| 6.2 Applied to pay renewal6.3 Applied to provide paid | • | F C | | | | | | | | | | |
| the endowment or pre | mium-payir | ng period | | | | | | | | | | |
| 6.4 Other 6.5 Totals (sum of Line 6.1 | | | | | | | | | | | | |
| Annuities: | 10 01 1, 1 | - | | | | | | | | | | |
| 7.1 Paid in cash or left on a | • | F | | | | | | | | | | |
| 7.2 Applied to provide paid 7.3 Other | • | | | | | | | | | | | |
| 7.4 Totals (sum of Lines 7. | .1 to 7.3) | | | | | | | | | | | |
| 8. Grand Totals (Lines 6.5 plu | | ITS DAID | 1 | | | -11 | + | | | | | |
| 9. Death benefits | | | 74 | | | I | | | _ | | | |
| 10. Matured endowments | | | | | | | | | | | | |
| 11. Annuity benefits | | F C | | | | | | | | | | |
| 12. Surrender values and with13. Aggregate write-ins for mis | | | | | t | | | | | <u> </u> | | |
| and benefits paid | | | | | | | | | | <u> </u> | | |
| 14. All other benefits, except a15. Totals | iccident and | a nealth | | | | | | | | | | |
| DETAILS OF WRITE-INS | | | | | | | | | | | | |
| 1301. | | | | | | | | | | | | |
| 1302 1303 | | | | | | | | | | | | |
| 1398. Summary of Line 13 from (| | | | | | | | | | | | |
| 1399. Totals (Lines 1301 thru 13 above) | 03 plus 139 | 98) (Line 13 | | | | | | | | | | |
| above) | | | | 0 11111 | | ı | | l . | | 1 | | |
| | (| Ordinary | | Credit Life p and Indivic | dual) | | Group | 0 | In | dustrial | | Total |
| DIRECT DEATH BENEFITS AND | 1 | 2 | 3 No. of | 4 | | 5 | | 6 | 7 | 8 | 9 | 10 |
| MATURED | | | No. of Ind.Pols. | | | | | | | | | |
| ENDOWMENTS INCURRED | No. | Amount | & Gr. | Amou | nt | No. of Certifs. | _ | mount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior | INO. | Amount | Certifs. | Amou | ΠL | Ceruis. | A | mount | INO. | Amount | INO. | Amount |
| year17. Incurred during current year | | | | | | | | | | | | |
| Settled during current year: | | | | | | † | | | | | | |
| 18.1 By payment in full | | | | | | | | | | | | |
| 18.2 By payment on compromised claims | | | | | | | | | | | | |
| 18.3 Totals paid | | | | | | | | | | | | |
| 18.4 Reduction by compromise | | | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | | | |
| 18.6 Total settlements | | | | | } | | | | | | | |
| year (16+17-18.6) | | | | | | | | | | | | |
| POLICY EXHIBIT | | | | | | of Policies | | | | | | |
| 20. In force December 31, prior | | | | | | Folicies | | | | | | |
| year | | | | (a) | | | | | | | | |
| 22. Other changes to in force | | | | | | ± | | | † | | - | |
| (Net)23. In force December 31 of | | | | | | | | | | | | |
| current year | | | | (a) | | | | | | | | |
| (a) Includes Individual Credit Life In | | • | | | | | | | | | | |
| Includes Group Credit Life Insu Loans greater than 60 months | | | | | | | | | , cur , cur | • | | |
| zoano groator than oo montho | at 10000 2 c | | | | • | • | | | , oa. | | | |
| | | A | | NT AND | ПЕА | <u> </u> | 1001 | | 3 | 4 | | 5 |
| | | | | • | | | | Dividend | ls Paid Or | 1 | | - |
| | | | Direct P | remiums | Dir | ect Premiu Earned | ums | | On Direct iness | Direct Losses | Paid | Direct Losses Incurred |
| 24. Group Policies (b) | | | 2,,0001 | | ļ | | | Dusi | | 250(200565 | | |
| 24.1 Federal Employees Health premium (b) | | | | | | | | | | | | |
| 24.2 Credit (Group and Individu | ıal) | | | | ļ | | | | | | | |
| 24.3 Collectively renewable poli | . , | T T | | | ļ | | | | | | | |
| 24.4 Medicare Title XVIII exemp Other Individual Policies: | or from state | e taxes or fees | | | | | | | | | | |
| 25.1 Non-cancelable (b) | | | | | | | | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | 1 | | | | | <u> </u> | | |
| 25.3 Non-renewable for stated a 25.4 Other accident only | | | | | | -17 | \ <u> </u> | | | | | |
| 25.5 All other (b) | | | | | | | | | | | | |
| 25.6 Totals (sum of Lines 25.1 | to 25.5) | | | | | | | | | <u> </u> | | |
| 26. Totals (Lines 24 + 24.1 + 2 (b) For health business on indic | | · · | of porcess : | incurad und | or DDC |) manaca - | d care = | roducto | | | number - | f nercons |
| (b) For Health business on Indic | Jaied lines | report: Number (| ו persons וע | ırısurea unde | FI PPC | managed | u care p | JUUUCIS | | and | number o | i persons |

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insured under indemnity only products



| NAIC | CT BUSINESS IN THE S Group Code 0119 | STATE O | Massachus | | | IFE IN | | ANCE | | - | NAIC | | YEAR 2017 y Code 60052 |
|--|---|--------------|---------------|-------------|-------------|----------|-----------------|-------|----------|-----------------|--------------|--------|---------------------------|
| | DIRECT P | REMIUMS | | | 1 | Credi | 2 t Life (Gr | roup | | 3 | 4 | | 5 |
| | AND ANNUITY C | ONSIDER! | | Ordi | nary | | Individu | | Gr | oup | Industria | al | Total |
| 1. 2. | Life insurance Annuity considerations | | | | | | | | | | | | |
| 3. | Deposit-type contract funds | | | | | | XXX | | | | XXX | | |
| 4. | Other considerations | | | | | | | | | | | | |
| 5. | Totals (Sum of Lines 1 to 4 | , | | | | | | | | | | | |
| | DIRECT DIVIDENDS Life insurance: | TO POLIC | HOLDERS | | | | | | | | | | |
| | 6.1 Paid in cash or left on o | denosit | | | | | | | | | | | |
| | 6.2 Applied to pay renewal | | | | | | | | | | | | |
| | 6.3 Applied to provide paid | l-up additio | ns or shorten | | | | | | | | | | |
| | the endowment or prei | mium-payir | g period | | | | | | | | | | |
| | 6.5 Totals (sum of Line 6.1 | to 6.4) | | | | + | | | | | | | |
| | Annuities: | | | | | | | | | | | | |
| | 7.1 Paid in cash or left on o | | | | | | | | | | | | |
| | 7.2 Applied to provide paid | | | | | | | | | | <u> </u> | | |
| | 7.3 Other 7.4 Totals (sum of Lines 7. | | | \ | | | | | | | | | |
| 8. | Grand Totals (Lines 6.5 plu | | | | | T 13 | | | | — | | | |
| | DIRECT CLAIMS A | ND BENEF | ITS PAID | 1 | | | | 7 | | | | | |
| 9. | Death benefits | | | | | <i></i> | | | | | | | |
| 10. | Matured endowments Annuity benefits | | | | | | | | | | | | |
| | Surrender values and with | | | | | | | | | | | | |
| | Aggregate write-ins for mis | | i i | | | 1 | | | | | | | |
| | and benefits paid | | | | | | | | | | <u> </u> | | |
| | All other benefits, except a Totals | ccident and | ı nealth | | | | | | | | | | |
| 10. | DETAILS OF WRITE-INS | | | | | | | | | | | | |
| 1301. | | | | | | ļ | | | | | | | |
| 1302. | | | | | | _ | | | | | <u> </u> | | |
| 1303. | | | | | | | | | | | | | |
| | Summary of Line 13 from of Totals (Lines 1301 thru 130 | | _ | | | | | | | | | | |
| 1000. | above) | oo pias 100 | o) (Line 10 | | | | | | | | | | |
| | | | | | Credit Life | | | | | | | | |
| | | | Ordinary | (Group | and Individ | dual) | | Group | | | dustrial | | Total |
| | DIRECT DEATH BENEFITS AND | 1 | 2 | 3 No. of | 4 | | 5 | | 6 | 7 | 8 | 9 | 10 |
| | MATURED | | | Ind.Pols. | | | | | | | | | |
| | ENDOWMENTS | | | & Gr. | | | No. of | | | | | | |
| 16 I | INCURRED Unpaid December 31, prior | No. | Amount | Certifs. | Amou | nt (| Certifs. | A | mount | No. | Amount | No. | Amount |
| | year | | | | | | | | | | | | |
| | ncurred during current year | | | | | | | | | | | | |
| | Settled during current year: 8.1 By payment in full | | | | | | | | | | | | |
| | 8.2 By payment on | | | | | | | | | | | | |
| | compromised claims | | | | | | | | | | | | |
| | 8.3 Totals paid | | | | | | | | | | | | |
| ' | 8.4 Reduction by compromise | | | | | | | | | | | | |
| | 8.5 Amount rejected | | | . | | | | | | | | | |
| | 8.6 Total settlements | | | | | | | | | | | | |
| | Jnpaid Dec. 31, current year (16+17-18.6) | | | | | | | | | ΓΙ | | | |
| | Joan (10111 10.0) | | | 1 | | | . of | T | | | | 1 | |
| | POLICY EXHIBIT | | | | | - | Policies | _ | | T | | | |
| | n force December 31, prior year | | | | (a) | | | | | | | | |
| 21. Is | ssued during year | | | | | | | | | ļ | | | |
| | Other changes to in force | | | | | | | | | | | | |
| | (Net) n force December 31 of | | | | | | | | | † | | | |
| | current year | | | | (a) | | | | | | | | |
| | ludes Individual Credit Life Ir | | - | | , (| - | | | | | | | |
| | ludes Group Credit Life Insu ans greater than 60 months : | | | • | | | | | | , cur | • | | |
| LU | ans greater than oo months | at issue DC | | | | | | | | , cui | ient year ψ | | |
| | | | A | | NT AND | HEAL | | NSUF | | _ | 1 | 1 | |
| | | | | · | 1 | | 2 | | | 3 Is Paid Or | 4 | | 5 |
| | | | | | | | ct Premiu | ıms | Credited | On Direct | | | Direct Losses |
| 04 | Group Policies (b) | | | Direct P | remiums | | Earned | | Bus | iness | Direct Losse | s Paid | Incurred |
| | Group Policies (b) Federal Employees Health | | | | | † | | | | | | | |
| | premium (b) | | | | | ļ | | | | | | | |
| | Credit (Group and Individu | | | | | | | | ļ | | | | |
| ר יוני ו | Collectively renewable poli Medicare Title XVIII exemp | | | | | | | | | | | | |
| | wermare time AVIII exemp | n nom State | taxes UI IEES | | | + | | | | | | | |
| | • | | | | | | | | | | | | |
| 24.4 | Other Individual Policies: Non-cancelable (b) | | | | | | _ | | | | | | |
| 24.4 25.1 25.2 | Other Individual Policies: Non-cancelable (b) Guaranteed renewable (b) | | | | | | | | | | | | |
| 24.4 25.1 25.2 25.3 | Other Individual Policies: Non-cancelable (b) | easons onl | y (b) | | | | | | | | | | |
| 24.4 25.1 25.2 25.3 25.4 | Other Individual Policies: Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated r Other accident only | easons onl | y (b) | | | | | \ | | | | | |
| 24.4 25.1 25.2 25.3 25.4 25.5 | Other Individual Policies: Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated r Other accident only All other (b) | easons onl | y (b) | | | | | | | | | | |
| 24.4 25.1 25.2 25.3 25.4 25.5 25.6 | Other Individual Policies: Non-cancelable (b) Guaranteed renewable (b) Non-renewable for stated r Other accident only | reasons onl | y (b) | | | | | | | | | | |



| IRECT BUSINESS IN THE ST AIC Group Code 0119 | TATE OF Willongan | | LIFE | INSURA | ANCI | Ξ | | NAIC (| Company | 'EAR 2017 Code 6005 |
|---|--|----------------------|---------|-------------------------------|-------------|----------------|-----------|----------------|------------|------------------------|
| DIRECT PR | EMILIMS | 1 | | 2 edit Life (Gr | | 3 | } | 4 | 00111,000, | 5 |
| AND ANNUITY CO | NSIDERATIONS | Ordinary | | edit Life (Gr ınd Individu | | Gro | oup | Industrial | | Total |
| Life insurance Annuity considerations | | | | | | | | | | |
| Deposit-type contract funds | | | | XXX | | | | | | |
| 4. Other considerations | | | | | | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | | | | | | | | | | |
| DIRECT DIVIDENDS TO | POLICYHOLDERS | | | | | | | T | | |
| Life insurance: | | | | | ļ | | | | | |
| 6.1 Paid in cash or left on de6.2 Applied to pay renewal p | POSII | | | | | | | | | |
| 6.3 Applied to pay renewar p | | | | | | | | † | | |
| the endowment or premi | ium-paying period | | | | | | | | | |
| 6.4 Other | | | | | | | | | | |
| 6.5 Totals (sum of Line 6.1 to Annuities: | 5 6.4) | | | | | | | + | | |
| 7.1 Paid in cash or left on de | posit | | | | | | | | | |
| 7.2 Applied to provide paid-u | up annuities | | | ···· | | | | Ţ | | |
| 7.3 Other | | | | | | | | ļ | | |
| 7.4 Totals (sum of Lines 7.1 | · · | | | | | | | | | |
| 8. Grand Totals (Lines 6.5 plus DIRECT CLAIMS ANI | | | | 1 | | | | - | | |
| Death benefits | - | | | | | | _ | | | |
| Matured endowments | | | | | | | | | | |
| 11. Annuity benefits | | | | | | | | Ţ | | |
| 12. Surrender values and withdr | | | | | | | | . | | |
| Aggregate write-ins for misco and benefits paid | | | | | | | | | | |
| 14. All other benefits, except acc | | | | | | | | Ţ | | |
| 15. Totals | | | | | | | | | | |
| DETAILS OF WRITE-INS | | | | | Į | | | | | |
| 301 302 | | | | | | | | | | |
| | | | | | | | | † | ·····t | |
| 398. Summary of Line 13 from ov | | | | | | | | | | |
| 399. Totals (Lines 1301 thru 1303 | | | | | ļ | | | | | |
| above) | | | | | | | | | | |
| | Ordinary | Credit (Group and | | | Grau | _ | | -dustrial | | Total |
| DIRECT DEATH | 1 2 | 3 | 4 | 5 | Group | 6 6 | 7 | ndustrial 8 | 9 | Total 10 |
| BENEFITS AND | | No. of | • | 1 | | | | - | - | |
| MATURED ENDOWMENTS | | Ind.Pols. & Gr. | | No. of | | | | | | |
| INCURRED | No. Amount | | Amount | Certifs. | Α | mount | No. | Amount | No. | Amount |
| 6. Unpaid December 31, prior | | | | | | | | | | |
| year7. Incurred during current year | | | | | | | | | | |
| Settled during current year: | | | | † | | | | | | + |
| 18.1 By payment in full | | | | | | | | | | |
| 18.2 By payment on | | | | 1 | | | | | | |
| 40 0 T + 1 ' ' ' ' | | | | + | | | | | | |
| 18.4 Reduction by | | | | 11 | | | | | | |
| compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | <u></u> | | | | _ | | | |
| Unpaid Dec. 31, current | | | | | | | | | | |
| year (16+17-18.6) | | 7, 7 | | | | | | | | |
| POLICY EXHIBIT | | | | of | | | | | | |
| POLICY EXHIBIT 0. In force December 31, prior | | | | Policies | | | | | | |
| year | | (a) | | | | | | | | |
| 9, | | | | | | | | | | |
| Other changes to in force (Net) | | | | | | | | | | |
| 3. In force December 31 of | | | | | | | | | | |
| current year | | (a) | | | | | | | | |
| Includes Individual Credit Life Ins Includes Group Credit Life Insura | | aual to 60 months | | | | | | rront voar ¢ | | |
| · | | • | | | | | | - | | |
| Loans greater than 60 months at | | | • | • | | | , , , | | | |
| Loans greater than 60 months at | | | AND HE | | 120F | | | 1 4 | | _ |
| Loans greater than 60 months at | | | | 2 | | Dividends | | 4 | | 5 |
| Loans greater than 60 months at | | 1 1 | | | | | | | | Direct Losses |
| Loans greater than 60 months at | | 1 | | rect Premiu | ıms | Credited | On Direct | | | |
| | | | | rect Premiu Earned | s | Credited Busin | | Direct Losses | Paid | Incurred |
| 24. Group Policies (b) | | 1 | | | s | | | Direct Losses | Paid | Incurred |
| 24. Group Policies (b)24.1 Federal Employees Health E | Benefits Plan | Direct Premiu | | | s | | | Direct Losses | Paid | Incurred |
| Group Policies (b) Federal Employees Health E premium (b) | Benefits Plan | Direct Premiu | | | JMS | | | Direct Losses | Paid | Incurred |
| 24. Group Policies (b) | Benefits Plan)es (b) | Direct Premiu | | | JMS | | | Direct Losses | Paid | Incurred |
| 24. Group Policies (b) | Benefits Plan)es (b) | Direct Premiu | | | JMS | | | Direct Losses | Paid | Incurred |
| 24. Group Policies (b) | Benefits Plan)es (b)from state taxes or fees | Direct Premiu | | | | | | Direct Losses | Paid | Incurred |
| 24. Group Policies (b) | Benefits Plan)es (b)from state taxes or fees | Direct Premiu | | | ums | | | Direct Losses | Paid | Incurred |
| 24. Group Policies (b) | Benefits Plan)es (b)from state taxes or fees | Direct Premiu | | | ums | | | Direct Losses | Paid | Incurred |
| 24. Group Policies (b) | Benefits Plan)es (b)from state taxes or fees asons only (b) | Direct Premiu | | | ums | | | Direct Losses | Paid | Incurred |
| 24. Group Policies (b) | Benefits Plan)es (b)from state taxes or fees asons only (b) | Direct Premiu | | | ums | | | Direct Losses | Paid | Incurred |

..... and number of persons

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products



| DIRECT BU NAIC Group | SINESS IN THE S Code 0119 | STATE O | F Minnesota | | | IFE IN | NSUR <i>A</i> | ANCE | | | | | YEAR 2017 y Code 60052 |
|---|--|------------------------|--|---------------------|---------------|--------------|-------------------|-------|--------------|-----------------|---------------|--------|---------------------------|
| | DIRECT P | REMIUMS | ; | 1 | 1 | Crec | 2 dit Life (Gr | roup | | 3 | 4 | | 5 |
| | AND ANNUITY C | ONSIDER! | ATIONS | Ordi | inary | | d Individu | | Gr | oup | Industria | ıl | Total |
| | surance | | | | | | | | | | | | |
| | ty considerations sit-type contract funds | | The state of the s | | | | VVV | | | | XXX | | |
| | considerations | | | | | | | | | | 1 | | |
| | (Sum of Lines 1 to 4 | , | | | | | | | | | | | |
| | IRECT DIVIDENDS | TO POLICY | YHOLDERS | | | | | | | | | | |
| _ | surance: | d ta | | | | | | | | | | | |
| | aid in cash or left on o oplied to pay renewal | | | | | | | | | | | | |
| | oplied to pay renewar | | | | | | | | | | † | | |
| th | endowment or prer | nium-payin | ng period | | | | | | | | | | |
| 6.4 Ot | ther | | | | | 1 | | | | | | | |
| 6.5 To Annuit | otals (sum of Line 6.1 | to 6.4) | | | , | | | | | | | | |
| | ແes: aid in cash or left on ເ | denosit | | | | | | | | | | | |
| | oplied to provide paid | | | [| | | | | | | 1 | | |
| 7.3 Ot | ther | | | | | | | | | | | | |
| | otals (sum of Lines 7. | | | | | M | | | | | | | |
| | Totals (Lines 6.5 plu DIRECT CLAIMS AI | | | | _ | | | | | | | | |
| | | | | | | | | | | | | | |
| | benefitsed endowments | | | | | - | · · | T | | | † | | |
| | ty benefits | | r | | | | | | | | | | |
| | nder values and with | | F | | | ļ | | | ļ | | | T | |
| | gate write-ins for mis | | | | | | | | | | | | |
| | benefits paid ner benefits, except a | | | | | t | | | <u> </u> | | t | | |
| 15. Totals | · · | som and | | | | <u> </u> | | | Ī | | | | |
| | ILS OF WRITE-INS | | | | | | | | | | | | |
| 1301 | | | | | | | | | | | | | |
| | | | | | | _ | | | | | | | |
| | nary of Line 13 from o | | | | | | | | | | | | |
| | (Lines 1301 thru 130 | | • | | | + | | | | | | | |
| abov | • | 00 p.d0 .00 | 70) (2.110 10 | | | | | | | | | | |
| | | | | | Credit Life | | | | | | | | |
| | | (| Ordinary | | o and Individ | dual) | | Group | р | In | dustrial | | Total |
| | RECT DEATH | 1 | 2 | 3 | 4 | | 5 | | 6 | 7 | 8 | 9 | 10 |
| | ENEFITS AND MATURED | | | No. of Ind.Pols. | | | | | | | | | |
| | NDOWMENTS | | | & Gr. | | | No. of | | | | | | |
| | INCURRED | No. | Amount | Certifs. | Amou | ınt | Certifs. | Α | mount | No. | Amount | No. | Amount |
| | December 31, prior | | | | | | | | | | | | |
| | during current year | | | | | | | | | | | | |
| | during current year: | | 1 | | | | | | | | | | |
| | payment in full | | | | | | | | | | | | |
| | payment on ompromised claims | | | | | | | | | | | | |
| | als paid | | L | | | | | | | | | | |
| | duction by | | | _ | | | _ | _ | | | | | |
| | ompromise ount rejected | | [| A | | | | | | | | | |
| | al settlements | | | | | | | | | | | | |
| | Dec. 31, current | | | | | | | 4 | | | | | |
| year (16 | 6+17-18.6) | | | | | | | | | | | | |
| DO. | LICY EXHIBIT | | | | | | of Policies | | | | | | |
| | December 31, prior | | Ì | | | | rollules | | | | | | |
| year | | | | | (a) | | | | | _ | | | |
| | uring year | | <u></u> | | | | | | | | | | |
| | anges to in force | | l | | | | | | | | | | |
| | December 31 of | | | | | | | | | | | | |
| current | | | | | (a) | | | | | | | | |
| | ndividual Credit Life Ir Broup Credit Life Insu | - | - | | , (| | • | | | , cur | ront year ¢ | | |
| | ater than 60 months | | | • | | | | | | , Cui | • | | |
| 200.10 g. 00 | | | | | | | | | | , oa. | | | |
| | | | A | | NT AND | HEA | | NSUF | | | | п | |
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| | | | | | | Dire | ect Premiu | ıms | | On Direct | | | Direct Losses |
| 04 6 | D. I. J. W. | | | Direct P | remiums | 1 | Earned | | Bus | iness | Direct Losses | s Paid | Incurred |
| | Policies (b) | | | ļ | | | | | | | | | |
| | al Employees Health | | | | | | | | | | | | |
| 24.2 Credit | (Group and Individua | al) | | | | ļ | | | | | ļ | T | |
| | ctively renewable poli | | | | | _ | | | | | | | |
| | are Title XVIII exemp | ot from state | e taxes or fees | ļ | | | | | | | | | |
| | Individual Policies: | | | | | | | | | | | | |
| | ancelable (b)anteed renewable (b) | | | | | 1 | | | | | | | |
| | enewable for stated r | | | | | | | | | | İ | | |
| | accident only | | , , , | | | | | | | _ | | | |
| | | | | | | | | | | | 1 | | |
| 25.5 All oth | ner (b) | | | | | <i></i> | | ¥ | | | | | |
| 25.5 All oth 25.6 Totals | (sum of Lines 25.1 t | 0 25.5) | | | | | | V | | | | | |
| 25.5 All oth 25.6 Totals 26. Totals | ` ' | o 25.5) 24.2 + 24.3 | + 24.4 + 25.6) | | | 55.5 | | | | | and | | |

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insured under indemnity only products



| DIRECT BUSINESS IN THE STATE OF Mi NAIC Group Code 0119 | ssissippi | LIEE | INSURANCE | = | | IE YEAR 2017 any Code 60052 |
|---|--------------------|-------------------|-------------------------------------|--------------------------------|--------------------|--------------------------------|
| · | | 1 | 2 | 3 | 4 | 5 5 |
| DIRECT PREMIUMS AND ANNUITY CONSIDERATION | IS Ordi | | edit Life (Group and Individual) | Group | Industrial | Total |
| Life insurance | | | | G. Gap | | |
| Annuity considerations Deposit-type contract funds | | | XXX | | | |
| Other considerations | | | | | XXX | - |
| 5. Totals (Sum of Lines 1 to 4) | | | | | | |
| DIRECT DIVIDENDS TO POLICYHOL | DERS | | | | | |
| Life insurance: 6.1 Paid in cash or left on deposit | | | | | | |
| 6.2 Applied to pay renewal premiums | | | | | | |
| 6.3 Applied to provide paid-up additions or state the endowment or premium-paying peri | | | | | | |
| 6.4 Other | | | | | | |
| 6.5 Totals (sum of Line 6.1 to 6.4) | | | | | | |
| Annuities: 7.1 Paid in cash or left on deposit | | | | | | |
| 7.2 Applied to provide paid-up annuities | | | | | | |
| 7.3 Other | | | | | | |
| 8. Grand Totals (Lines 6.5 plus 7.4) | | | | | - | |
| DIRECT CLAIMS AND BENEFITS P | | | | | | |
| Death benefits Matured endowments | | | | | - | |
| Matured endowments Annuity benefits | | | | | | |
| 12. Surrender values and withdrawals for life co | | | | | | |
| Aggregate write-ins for miscellaneous direction and benefits paid | | | | | | |
| 14. All other benefits, except accident and healt | | | | | Ţ | |
| 15. Totals DETAILS OF WRITE-INS | | | | | | |
| 1301. | | | | | | |
| 1302. | | | | | | |
| 1303 1398. Summary of Line 13 from overflow page | | | | | - | |
| 1399. Totals (Lines 1301 thru 1303 plus 1398) (Lines 1301 thru 1303 plus 1398) | | | | | | |
| above) | | | | | | |
| 0.11 | | Credit Life | | | 1 | T |
| DIRECT DEATH 1 | 2 3 | and Individual) 4 | Group 5 | 6 7 | ndustrial 8 9 | Total 10 |
| BENEFITS AND MATURED | No. of | | | | | |
| ENDOWMENTS | Ind.Pols. & Gr. | | No. of | | | |
| INCURRED No. / | Amount Certifs. | Amount | Certifs. A | mount No. | Amount No | o. Amount |
| year | | | | | | |
| Incurred during current year Settled during current year: | | | | | | |
| 18.1 By payment in full | | | | | | |
| 18.2 By payment on | | | | | | |
| compromised claims | | | | | | |
| 18.4 Reduction by | | | | | | |
| compromise | | | | | | |
| 18.6 Total settlements | | | #i <i>7 /</i> fi ii | | | |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | | | | | | |
| | | | . of | | | |
| POLICY EXHIBIT 20. In force December 31, prior | | | Policies | | | |
| year | | (a) | | | | |
| 21. Issued during year | | | | | | |
| (Net) | | | | | | |
| 23. In force December 31 of current year | | (a) | | | | |
| (a) Includes Individual Credit Life Insurance prior ye | ar\$ | , currer | • | | 1 | <u>'</u> |
| Includes Group Credit Life Insurance Loans less Loans greater than 60 months at issue BUT NO | | | | , cu | • | |
| Loans greater than 60 months at issue BOT NO | | | • | | HeIII yeal φ | |
| <u></u> | | NI AND HE | ALTH INSUF | RANCE 3 | 4 | 5 |
| | | | _ | Dividends Paid Or | 4 | |
| | Direct P | remiums Di | irect Premiums Earned | Credited On Direct Business | Direct Losses Paid | Direct Losses Incurred |
| 24. Group Policies (b) | | i Gilliuillo | Lameu | סמווופטט | הוופטו בטספט דמוט | incurred |
| 24.1 Federal Employees Health Benefits Plan | | | | | | |
| premium (b)24.2 Credit (Group and Individual) | | | | | | |
| 24.3 Collectively renewable policies (b) | | T | | | | |
| 24.4 Medicare Title XVIII exempt from state taxe. Other Individual Policies: | s or tees | | | | - | |
| 25.1 Non-cancelable (b) | | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | | |
| 25.3 Non-renewable for stated reasons only (b) 25.4 Other accident only | | | | | - | - |
| 25.5 All other (b) | | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 | 4 + 25.6) | 1 | | i | 1 | 1 |

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..... and number of persons

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products



| DIRECT BUSINESS IN THE NAIC Group Code 0119 | SIAILO | WIISSUuri | | LI | IFE I | NSUR | ANCI | E | | | | YEAR 2017 y Code 60052 |
|---|---------------|---------------|-------------------|---------------|----------|--------------------|-----------|---------------|-----------------|-----------------|--------------|---------------------------|
| • | PREMIUMS | | | 1 | | 2 dit Life (G | | | 3 | 4 | , | 5 |
| AND ANNUITY C | ONSIDERA | | Ord | inary | | nd Individu | | Gr | oup | Industria | ıl | Total |
| Life insurance Annuity considerations | | | | | | | | | | | | |
| Annuity considerations Deposit-type contract fund | | | | | | YYY | | | | | | |
| Other considerations | | | | | | | | | | | | |
| 5. Totals (Sum of Lines 1 to | 4) | | | | | | | | | | | |
| DIRECT DIVIDENDS | TO POLICY | HOLDERS | | | | | | | | | | |
| Life insurance: | | | | | | | | | | | | |
| 6.1 Paid in cash or left on | | | | | | | | | | | | |
| 6.2 Applied to pay renewa6.3 Applied to provide paid | • | | | | | | | | | | | |
| the endowment or pre | emium-paying | period | | | | | | | | | | |
| 6.4 Other | | | | | | | | | | | | |
| 6.5 Totals (sum of Line 6. | 1 to 6.4) | | | | | | | | | | | |
| Annuities: | -l | | | | | | | | | | | |
| 7.1 Paid in cash or left on7.2 Applied to provide paid | deposit | ····· | | | | | | | | | | |
| 7.2 Applied to provide paid | | | | | | | | | | | | |
| 7.4 Totals (sum of Lines 7 | | | | | | | | | | | | |
| 8. Grand Totals (Lines 6.5 pl | | | | | | | | | | | | |
| DIRECT CLAIMS A | | _ | W | | | | | | | | | |
| 9. Death benefits | | | | | J | | | | | | | |
| Matured endowments Appuits benefits | | | | | | | | | | | | |
| 11. Annuity benefits12. Surrender values and with | | | | | ···· | | | t | | | | |
| Aggregate write-ins for mis | | F . | | | | | | 1 | | 1 | t | |
| and benefits paid | | | | | ļ | | | | | | | |
| 14. All other benefits, except a | accident and | health | | | | | | | | | | |
| 15. Totals DETAILS OF WRITE-INS | | | | | | | | 1 | | 1 | | |
| 301. | | | | | | | | | | | | |
| 302. | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 1398. Summary of Line 13 from | | | | | | | | | | | | |
| 1399. Totals (Lines 1301 thru 13 | 303 plus 1398 | 3) (Line 13 | | | | | | | | | | |
| above) | | | | | l | | | | | | | |
| | | | | Credit Life | | | 0 | | | | | T |
| DIRECT DEATH | 1 | rdinary 2 | (Grou) | p and Individ | iuai) | 5 | Grou | <u>р</u> 6 | 7 | Industrial 8 | 9 | Total 10 |
| BENEFITS AND | ' | _ | No. of | _ | | | | O | , | Ü | | 10 |
| MATURED | | | Ind.Pols. | | | | | | | | | |
| ENDOWMENTS INCURRED | No. | Amount | & Gr. Certifs. | Amou | nt | No. of Certifs. | Δ | mount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior | INU. | Amount | Oertiis. | Allioui | iii. | Gertiis. | | anount | INO. | Amount | INU. | Amount |
| year | | | | | | | | | | | | |
| 17. Incurred during current year | | | | | | | | | | | | |
| Settled during current year: 18.1 By payment in full | | | | | | | | | | | | |
| 18.2 By payment on | * | | | | | | | | | | | |
| compromised claims | | | | | | | | | | | | |
| 18.3 Totals paid | | | | | | | | | | | | |
| 18.4 Reduction by compromise | | | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | | | |
| 18.6 Total settlements | | | | | | | | | | | | |
| 19. Unpaid Dec. 31, current | | | | | | | | | | | | |
| year (16+17-18.6) | | | +15 | | | | | | | | + | |
| POLICY EXHIBIT | | | | | | Policies | | | | | | |
| 20. In force December 31, prior | | | | | | 33.00 | 1 | | | | | |
| year | | | | .(a) | | | ļ | | | | + | |
| 21. Issued during year 22. Other changes to in force | | | | | | t | | | | | + | |
| (Net) | ļ | | | | | <u> </u> | ļ | | | | | |
| 23. In force December 31 of | | | | , , | | | | | | | | |
| current year | | | | (a) | | o | | | | | | |
| Includes Individual Credit Life Includes Group Credit Life Inst | | • | | , (| | • | | | | urrent year \$ | | |
| Loans greater than 60 months | | | • | | | | | | | | | |
| J : | | | | | • | • | | | , 0 |) + ··· | | • |
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| | | | | 1 | | 2 | | | 3 Is Paid Or | 4 | | 5 |
| | | | | | Dir | ect Premi | ums | | On Direct | | | Direct Losses |
| 04 0 0 0 0 0 | | | Direct P | remiums | | Earned | | Bus | iness | Direct Losses | Paid | Incurred |
| 24. Group Policies (b) | | | I | | ļ | | | | | | | |
| 24.1 Federal Employees Health premium (b) | | | | | | | | | | | | |
| 24.2 Credit (Group and Individu | | | | | | | | | | | | |
| 24.3 Collectively renewable pol | licies (b) | | | | | | | | | | T | |
| 24.4 Medicare Title XVIII exem | pt from state | taxes or fees | | | ļ | | | | | | | |
| Other Individual Policies: | | | | | | | | | | | | |
| 25.1 Non-cancelable (b) | | | | | D | | | | | | | |
| 25.2 Guaranteed renewable (b)25.3 Non-renewable for stated | | | | | 1 | | · | † | | | | |
| 25.4 Other accident only | | ` ' | 75 | | | T I | | | | | | · |
| 25.5 All other (b) | | | | | | | | | | | | |
| 25.6 Totals (sum of Lines 25.1 | to 25.5) | | | | | | | | | | | |
| 26. Totals (Lines 24 + 24.1 + 3 | 24 2 + 24 3 + | 24.4 + 25.6) | | | 1 | | | 1 | | ı | | |

..... and number of persons

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products



| 5 Total |
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..... and number of persons

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products



| DIRECT BUSINESS IN THE STAT | TE OF Nebraska | | 1.15 | E INSURA | NICE | = | | | | YEAR 2017 |
|---|--|---------------------|--------------------------------|--------------------------------|-------------|-------|----------------|---------------|--------------|-------------------|
| NAIC Group Code 0119 | | | 1 | 2 | | | 3 | NAIC (| Compan | y Code 60052 5 |
| DIRECT PREM AND ANNUITY CONS | | Ord | inary | Credit Life (Greand Individual | | Gro | aun. | Industrial | ı | Total |
| Life insurance | | Olu | пату | and mulvidua | ai <i>)</i> | GIC | | industria | | Total |
| 2. Annuity considerations | | | | | | | | - | | |
| Deposit-type contract funds Other considerations | | | | XXX | | | | XXX | | |
| 5. Totals (Sum of Lines 1 to 4) | | | | | | | | <u> </u> | | |
| DIRECT DIVIDENDS TO P | OLICYHOLDERS | | | | | | | | | |
| Life insurance: 6.1 Paid in cash or left on depos | oit | | | | | | | | | |
| 6.2 Applied to pay renewal pren | ภiums | | | | | | | | | |
| 6.3 Applied to provide paid-up a | additions or shorten | | | | | | | | | |
| the endowment or premium 6.4 Other | -paying period | | | | | | | - | | |
| 6.5 Totals (sum of Line 6.1 to 6. | | | | | | | | | - | |
| Annuities: | _:. | | | | | | | | | |
| 7.1 Paid in cash or left on depose 7.2 Applied to provide paid-up a | | | | | | | | - | | |
| 7.3 Other | | \ | | | | | | | | |
| 7.4 Totals (sum of Lines 7.1 to 7 | | A | | | | | | | | |
| 8. Grand Totals (Lines 6.5 plus 7.4 DIRECT CLAIMS AND B | | \blacksquare | | | ₹ 8 | | | | | |
| 9. Death benefits | | | | | ` | | | | | |
| 10. Matured endowments | | | | | | | | | | |
| Annuity benefits Surrender values and withdrawa | The state of the s | | | | | | | | | |
| 13. Aggregate write-ins for miscella | | | | | | | | † | | |
| | | | | | | | | . | | |
| 14. All other benefits, except accide15. Totals | int and nealth | | | | | | | · | | |
| DETAILS OF WRITE-INS | | | | | | | | | | |
| 1301. | | | | | | | | | | |
| 1302. 1303. | | | | | | | | - | | |
| 1398. Summary of Line 13 from overfl | | | | | | | | | | |
| 1399. Totals (Lines 1301 thru 1303 plu above) | us 1398) (Line 13 | | | | | | | | | |
| above) | | | | | | | | I | | |
| | Ordinary | | Credit Life p and Individua | al) | Group |) | Ir | ndustrial | | Total |
| | 1 2 | 3 | 4 | 5 | | 6 | 7 | 8 | 9 | 10 |
| BENEFITS AND MATURED | | No. of Ind.Pols. | | | | | | | | |
| ENDOWMENTS | | & Gr. | | No. of | | | | | | |
| INCURRED N 16. Unpaid December 31, prior | lo. Amount | Certifs. | Amount | Certifs. | Aı | mount | No. | Amount | No. | Amount |
| year | | | | | | | | | | |
| Incurred during current year Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | | | | | | | | | | |
| 18.2 By payment on | | | | | | | | | | |
| compromised claims | | | | | | | | | | |
| 18.4 Reduction by | _ | _ | | . _ | _ | | _ | | | |
| compromise | | | | | | | | | | |
| 18.6 Total settlements | | | | | | | | | | |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | | | | | | | | | | |
| year (10+17-18.0) | | $+\mathbf{W}$ | | . of | ┫╴ | | | | | |
| POLICY EXHIBIT | _ | | | Policies | | | | | | |
| 20. In force December 31, prior year | | | (a) | | | | | | | |
| 21. Issued during year | | | | | | | | | | |
| 22. Other changes to in force (Net) | | | | | | | | | | |
| 23. In force December 31 of | | | (-) | | | | | | | |
| (a) Includes Individual Credit Life Insura | nce prior year \$ | | (a), cu | rrent vear \$ | | | | | | |
| Includes Group Credit Life Insurance | e Loans less than or eq | qual to 60 m | nonths at issue | e, prior year \$ | | | | rrent year \$ | | |
| Loans greater than 60 months at iss | ue BUT NOT GREATE | ER THAN 1 | 20 MONTHS, | prior year \$ | | | , cu | rrent year \$ | | |
| | Δ | CCIDE | NT AND H | HEALTH IN | ISUF | RANCE | | | | |
| | | | 1 | 2 | | | 3 s Paid Or | 4 | | 5 |
| | | | | Direct Premiu | ms | | On Direct | | | Direct Losses |
| O4 Crown Ballaine (L) | | Direct P | remiums | Earned | | | ness | Direct Losses | Paid | Incurred |
| 24. Group Policies (b) | | l | | | | L | | | | |
| premium (b) | | | | | | | | - | | |
| 24.2 Credit (Group and Individual) 24.3 Collectively renewable policies | | | | | | | | | | |
| 24.4 Medicare Title XVIII exempt from | | | | | | | | | | |
| Other Individual Policies: | | | | | | | | | | |
| 25.1 Non-cancelable (b) | | | | \ | - 6 | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | | | | · | | |
| 25.4 Other accident only | | | | | | | | | | |
| 25.5 All other (b) | | | | 7 | ┫┈ | | | - | | |
| 25.6 Totals (sum of Lines 25.1 to 25. 26. Totals (Lines 24 + 24.1 + 24.2 + | , | | | | | | | | | |

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..... and number of persons

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products



SLIPPLEMENT FOR THE YEAR 2017 OF THE

| NAIC Group Code 0119 | ada | | IFE IN | | ANCE | | | _ | | EAR 2017 Code 60052 |
|---|------------|----------------------------------|----------|------------------------------|------------|------------------|---------|-----------------|--------------|---------------------------|
| DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | | 1 Ordinary | | 2 : Life (Gr Individua | | Gro | | 4 Industrial | 1 | 5 Total |
| Life insurance Annuity considerations | | | | | | | | | | |
| Deposit-type contract funds Other considerations | | | | XXX | | | | | | |
| Other considerations Totals (Sum of Lines 1 to 4) | | | | | | | | | | |
| DIRECT DIVIDENDS TO POLICYHOLDI | RS | | | | | | | | | |
| Life insurance: 6.1 Paid in cash or left on deposit | | | | | | | | | | |
| 6.2 Applied to pay renewal premiums | | | | | | | | | | |
| 6.3 Applied to provide paid-up additions or sh the endowment or premium-paying period | | | | | | | | | | |
| 6.4 Other 6.5 Totals (sum of Line 6.1 to 6.4) | | | | | | | | | | |
| Annuities: | | | | | | | | | | |
| 7.1 Paid in cash or left on deposit | | | | | | | | | | |
| 7.3 Other | | | | | | | | | | |
| 7.4 Totals (sum of Lines 7.1 to 7.3) | | | } | | | | | | | |
| DIRECT CLAIMS AND BENEFITS PA | | | | 1 | 7 | | | | | |
| Death benefits Matured endowments | | | | | ┫┈ | | | | | |
| 11. Annuity benefits | | ····· | | | | | | | | |
| 12. Surrender values and withdrawals for life cont13. Aggregate write-ins for miscellaneous direct of | | | | | | | | | | |
| and benefits paid | | | <u> </u> | | | | | | | |
| 14. All other benefits, except accident and health15. Totals | | | | | | | | | | |
| DETAILS OF WRITE-INS | | | | | | | | | | |
| 1301. 1302. | | | | | | | | | | |
| 1303. | | | | | | | | | | |
| 1398. Summary of Line 13 from overflow page | | | | | | | | | | |
| above) | | | | | | | | | | |
| Ordinary | (G | Credit Life Group and Individ | dual) | | Group |) | | Industrial | | Total |
| DIRECT DEATH 1 BENEFITS AND | 2 3 No. | | | 5 | | 6 | 7 | 8 | 9 | 10 |
| MATURED | Ind.F | Pols. | | | | | | | | |
| | ount Cert | | | No. of Certifs. | A | mount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year | | | | | | | | | | |
| 17. Incurred during current year | | | | | | | | | | |
| Settled during current year: 18.1 By payment in full | | | | | | | | | | |
| 18.2 By payment on | | | | | | | | | | |
| compromised claims | | | | | | | | | | |
| 18.4 Reduction by compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 18.6 Total settlements | | | | | | | | | | |
| year (16+17-18.6) | | | | of | | | | | | |
| POLICY EXHIBIT | | | P | olicies | _ | | | | | |
| 20. In force December 31, prior year | | (a) | | | | | | | | |
| 21. Issued during year | | | | | | | | | | |
| (Net) | | | | | | | | | | |
| 23. In force December 31 of current year | | (a) | | | | | | | | |
| (a) Includes Individual Credit Life Insurance prior year Includes Group Credit Life Insurance Loans less tl | | , (30 months at iss | | | | | | urrent year \$ | | |
| Loans greater than 60 months at issue BUT NOT | • | | | • | | | | urrent year \$ | | |
| | ACCII | DENT AND | HEAL | | ISUF | | | | T | |
| | | 1 | | 2 | | Dividend | Paid Or | 4 | | 5 |
| | Dire | ect Premiums | | t Premiu Earned | ıms | Credited Busi | | Direct Losses | Paid | Direct Losses Incurred |
| 24. Group Policies (b) | | - | | | | | | | | |
| 24.1 Federal Employees Health Benefits Plan premium (b) | | | | | | | | | | |
| 24.2 Credit (Group and Individual) | | | | | | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes of | | | | | | | | | | |
| Other Individual Policies: 25.1 Non-cancelable (b) | | | | | | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | | | | | | |
| 25.3 Non-renewable for stated reasons only (b) 25.4 Other accident only | | | | 17 | ~ _ | | | | | |
| 25.5 All other (b) | | | | | | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) | | | | | | | | | | |
| LU. IUIAIS (LIIICS 44 + 44.1 + 44.4 + 44.5 + 74.4 + | 20.0) | | ĺ | | | | | | | |

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insured under indemnity only products



| | CT BUSINESS IN THE S Group Code 0119 | STATE O | F New Hamps | | | IFE INS | | NCE | | | NAIC | | YEAR 2017 y Code 60052 |
|--------------------------------------|---|---------------|-----------------|---------------------|-------------|-------------------|----------------|-------|-------|-------------------------|---------------|--------|---------------------------|
| | DIRECT P | REMIUMS | | | 1 | Credit | 2 Life (Gro | oup | ; | 3 | 4 | | 5 |
| | AND ANNUITY C | ONSIDERA | ATIONS | Ord | nary | and I | ndividua | ıl) . | Gr | oup | Industria | ıl | Total |
| 1. 2. | Life insurance Annuity considerations | | | | | | | | | | | | |
| 3. | Deposit-type contract funds | | | | | | XXX | | | | XXX | | |
| 4. | Other considerations | | | | | | | | | | | | |
| 5. | Totals (Sum of Lines 1 to 4 DIRECT DIVIDENDS | , | VHOI DEDC | | | | | | | | | | |
| | Life insurance: | TO POLIC | THOLDERS | | | | | | | | | | |
| | 6.1 Paid in cash or left on o | | | | | | | | | | | | |
| | 6.2 Applied to pay renewal | | | | | | | | | | | | |
| | 6.3 Applied to provide paid the endowment or prei | -up additio | ns or shorten | | | | | | | | | | |
| | 6.4 Other | | | | | | | | | | | | |
| | 6.5 Totals (sum of Line 6.1 | to 6.4) | | | | | | | | | | | |
| | Annuities: 7.1 Paid in cash or left on o | donocit | | | | | | | | | | | |
| | 7.2 Applied to provide paid | | | | | | | | | | | | |
| | 7.3 Other | | | | | | | | | | | | |
| | 7.4 Totals (sum of Lines 7. | | | | | 7 | / | | | | | | |
| 8. | Grand Totals (Lines 6.5 plu DIRECT CLAIMS A | | TE DAID | → | | | H | | | | | | |
| 9. | Death benefits | | - | 74 | | | | ` | | | | | |
| 10. | Matured endowments | | | | | | - | | | | | | |
| | Annuity benefits | | | | | | | | | | | | |
| | Surrender values and withe Aggregate write-ins for mis | | i i | | | | | | | | <u> </u> | | |
| | and benefits paid | | | | | | | | | | | | |
| | All other benefits, except a | | | | | | | | | | | | |
| 15. | Totals DETAILS OF WRITE-INS | | | | | | | | | | | | |
| 1301 | DETAILS OF WRITE-INS | | | | | | | | | | | | |
| 1302 | | | | | | | | | | | | | |
| 1303. | | | | | | | | | | | | | |
| | Summary of Line 13 from C | | _ | | | | | | | | | | |
| 1399. | Totals (Lines 1301 thru 130 above) | Ja pius Tae | (Line 13 | | | | | | | | | | |
| , | , | | • | | Credit Life | | | | | | • | | |
| | | (| Ordinary | | and Individ | dual) | | Group | | | dustrial | | Total |
| | DIRECT DEATH BENEFITS AND | 1 | 2 | 3 | 4 | | 5 | | 6 | 7 | 8 | 9 | 10 |
| | MATURED | | | No. of Ind.Pols. | | | | | | | | | |
| | ENDOWMENTS | | | & Gr. | | | lo. of | | | | | | |
| 16 l | INCURRED Inpaid December 31, prior | No. | Amount | Certifs. | Amou | nt C | ertifs. | An | mount | No. | Amount | No. | Amount |
| | year | | | | | | | | | | | | |
| | ncurred during current year | | | | | | | | | | | | |
| | settled during current year: 8.1 By payment in full | | | | | | | | | | | | |
| | 8.2 By payment on | | | | | | | | | | | | |
| | compromised claims | | | | | | | | | | | | |
| | 8.3 Totals paid 8.4 Reduction by | | | | | | | | | | | | |
| | compromise | | | \ - | | | | | | | | | |
| | 8.5 Amount rejected | | | \ | | \longrightarrow | | | | <u></u> | | | |
| | 8.6 Total settlements Inpaid Dec. 31, current | | | | | | | | | | | | |
| | year (16+17-18.6) | | | | | | | ` | | | | | |
| | DOLLOV EXHIBIT | | | | | | . of | | | | | | |
| 20. li | POLICY EXHIBIT n force December 31, prior | | | | | P | olicies | | | | | | |
| | year | | | | (a) | | | | | | | | |
| | ssued during year Other changes to in force | | | | | | | | | | | | |
| | (Net) | | | | | | | | | ļ | | | |
| | force December 31 of | | | | (0) | | | | | | | | |
| | current year udes Individual Credit Life Ir | nsurance p | rior year \$ | | (a), | current ve | ar \$ | | | | | 1 | |
| | ludes Group Credit Life Insu | | - | | | | | | | , cur | rent year \$ | | |
| Loa | ans greater than 60 months | at issue BU | IT NOT GREATE | ER THAN 1 | 20 MONTH | S, prior yea | ar\$ | | | , cur | rent year \$ | | |
| | | | A | CCIDE | NT AND | HEAL. | TH IN | SUR | RANCE | | | | |
| | | | | | 1 | | 2 | | | 3 | 4 | | 5 |
| | | | | | | Direct | Premiui | me | | ls Paid Or On Direct | | | Direct Losses |
| | | | | Direct P | remiums | | arned | | | iness | Direct Losses | s Paid | Incurred |
| | Group Policies (b) | | | | | ļ | | | | | | | |
| 24.1 | Federal Employees Health premium (b) | | | | | <u> </u> | | | | | | | |
| | Credit (Group and Individu | al) | | | | | | | | | | | |
| | Collectively renewable poli | | | | | ļ | | | | | | | |
| 24.4 | Medicare Title XVIII exemp Other Individual Policies: | ot from state | e taxes or fees | | | | | | | | <u> </u> | | |
| | | | | | | | | | | | | | |
| 25.1 | Non-cancelable (b) | | | | | | | | | | | | |
| 25.2 | Non-cancelable (b)Guaranteed renewable (b) | | | | | | | | | | | | |
| 25.2 25.3 | Guaranteed renewable (b) Non-renewable for stated r | easons onl | y (b) | | | | 1 | | | | | | |
| 25.2 25.3 25.4 | Guaranteed renewable (b) Non-renewable for stated r Other accident only | easons onl | y (b) | V | | | | | | | | | |
| 25.2 25.3 25.4 25.5 | Guaranteed renewable (b) Non-renewable for stated r Other accident only All other (b) | easons onl | y (b) | | | | | | | | | | |
| 25.2 25.3 25.4 25.5 25.6 | Guaranteed renewable (b) Non-renewable for stated r Other accident only | easons onl | y (b) | | | | | | | | | | |



| DIRECT BUSINES NAIC Group Code | S IN THE 9 | STATE O | F New Jersey | | | IFE IN | | ANCE | | | NAIC | | YEAR 2017 by Code 60052 |
|---|---|-------------------------|-------------------------|--------------------|--------------|--------------|---------------------|----------|----------|------------|--------------|--------------|----------------------------|
| | DIRECT P | REMIUMS | | | 1 | Credi | 2 it Life (Gr | roup | | 3 | 4 | | 5 |
| | ANNUITY C | ONSIDER! | | Ordi | nary | | Individu | | Gr | roup | Industria | al | Total |
| | | | | | | + | | | | | | | |
| | | | | | | † | XXX | | | | XXX | - | |
| | | | | | | | | | | | | | |
| 5. Totals (Sum o | | , | | | | | | | | | | | |
| | DIVIDENDS | TO POLICY | /HOLDERS | | | | | | | | | | |
| Life insurance | | -1 | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 6.3 Applied to | | | | | | | | | | | | | |
| the endow | ment or pre | mium-payin | g period | | | | | | | | | | |
| 6.4 Other | | | | | | | | | | | . | | |
| 6.5 Totals (sur Annuities: | m of Line 6.1 | to 6.4) | | | | + | | | | | | | <i></i> |
| | sh or left on a | denosit | | | | | | | | | | | |
| | | | 9S | | | | | | | | † | | |
| 7.3 Other | | | | | | | | | | | | | |
| 7.4 Totals (sur | | | | | | | | | | | | | |
| 8. Grand Totals (| | | | | | | | | | | | | |
| _ | CLAIMS A | | - | W | | | II 7 | | | | | | |
| Death benefits Matured endo | | | | | | | | \ | | | | | |
| 11. Annuity benefi | | | | | | | | | | | | | |
| 12. Surrender valu | | | | | | | | | | | | | |
| 13. Aggregate writ | | | | | | | | | | | | | |
| and benefits 14. All other benefits | | | l health | | | | | | | | | | |
| 14. All other benef | шь, ехсері а | ociuent and | 1 116a1111 | | | † | | | | | † | | |
| DETAILS OF | WRITE-INS | | | | | | | | | | | | |
| 1301. | | | | | | | | | | | | | |
| 1302. | | | | | | ļ | | | | | | | |
| | | | | | | + | | | | | | | |
| 1398. Summary of Li 1399. Totals (Lines 1 | | | _ | | | | | | | | | | |
| above) | 1301 111111 131 | us pius 138 | o) (Line 13 | | | | | | | | | | |
| , | | | | | Credit Life | | | | • | | | | |
| | | (| Ordinary | | and Individ | dual) | | Group | 0 | In | dustrial | | Total |
| DIRECT D | | 1 | 2 | 3 | 4 | | 5 | | 6 | 7 | 8 | 9 | 10 |
| BENEFITS MATUR | | | | No. of | | | | | | | | | |
| ENDOWM | | | | Ind.Pols. & Gr. | | | No. of | | | | | | |
| INCURR | | No. | Amount | Certifs. | Amou | ınt | Certifs. | A | mount | No. | Amount | No. | Amount |
| 16. Unpaid December | | | | | | | | | | | | | |
| year 17. Incurred during o | | | | | | | | | | | | | |
| Settled during cu | | | | | | - | | | | - | | | |
| 18.1 By payment | in full | · | | | | | | | | | | | |
| 18.2 By payment | | | | | | | | | | | | | |
| compromis 18.3 Totals paid | sed claims | | | | | | | | | | | | |
| 18.4 Reduction b | | | | | | | | | | · | | | |
| compromis | se | | | \ | | | | | | | | | |
| 18.5 Amount reje | | | | \ | | | | | | | | | |
| 18.6 Total settler | | | | - | | | | | | | | | |
| 19. Unpaid Dec. 31, year (16+17-18. | | | | W | | | II 7 | | | | | | |
| your (10-F17-10. | , | | | 1 | 1 | | . of | T | | | | | |
| POLICY EX | | | | | | - | Policies | | | | | | |
| 20. In force Decemb | | | | | (a) | | | | | | | | |
| year21. Issued during year | | | | | (a) | | | | | + | | | |
| 22. Other changes to | | | | | | | | | | | | | |
| (Net) | | | | | | | | | | | | | |
| 23. In force Decemb current year | er 3 i 0î | | | | (a) | | | | | | | | |
| (a) Includes Individual | Credit Life In | nsurance pi | ior year \$ | | | current y | ear \$ | | | | | | |
| Includes Group Cre | | - | - | qual to 60 m | onths at iss | sue, prior | year \$ | | | , cur | rent year \$ | | |
| Loans greater than | 60 months | at issue BU | T NOT GREATE | ER THAN 1 | 20 MONTH | S, prior y | ear \$ | | | , cur | rent year \$ | | |
| | | | Δ | CCIDE | NT AND | ΗΕΔΙ | LTH IN | NSUF | RANCE | | | | |
| | | | | | 1 | | 2 | | | 3 | 4 | | 5 |
| | | | | | | | | | Dividend | ds Paid Or | | | |
| | | | | Direct D | remiums | | ct Premiu Earned | ums | | On Direct | Direct Losse | e Paid | Direct Losses Incurred |
| 24. Group Policies | s (b) | | | טוופטו א | remullis | + | Laneu | | bus | m1000 | Direct Losse | o i aiu | incuited |
| 24.1 Federal Emplo | | | | | | 1 | | | | | | | |
| premium (b) | | | | | | | | | . | | | | |
| 24.2 Credit (Group | | | | l | | + | | | | | | | |
| 24.3 Collectively re | | | | | | + | | | L | | | | |
| | | zi iromi statt | Lanco UI IEES | | | † | | | † | | † | | |
| 24.4 Medicare Title | al Policies: | | | | | _ | | | | | | | |
| | | | | | | | | | | | | | |
| 24.4 Medicare Title Other Individua | le (b) | | | | | | | | | | | | |
| 24.4 Medicare Title Other Individu 25.1 Non-cancelable 25.2 Guaranteed re 25.3 Non-renewable | le (b) enewable (b) e for stated r | reasons onl | y (b) | | | | N | | | | | | |
| 24.4 Medicare Title Other Individu. 25.1 Non-cancelabl 25.2 Guaranteed re 25.3 Non-renewabl 25.4 Other acciden | le (b)enewable (b) e for stated r | reasons onl | y (b) | | | | | | | | | | |
| 24.4 Medicare Title Other Individu. 25.1 Non-cancelabl 25.2 Guaranteed re 25.3 Non-renewabl 25.4 Other acciden 25.5 All other (b) | le (b)enewable (b) e for stated r t only | reasons onl | y (b) | | | | | | | | | | |
| 24.4 Medicare Title Other Individu. 25.1 Non-cancelabl 25.2 Guaranteed re 25.3 Non-renewabl 25.4 Other acciden 25.5 All other (b) 25.6 Totals (sum of | le (b)enewable (b) e for stated rt onlyf Lines 25.1 t | reasons onl | y (b) | | | | | | | | | | |
| 24.4 Medicare Title Other Individu. 25.1 Non-cancelabl 25.2 Guaranteed re 25.3 Non-renewabl 25.4 Other acciden 25.5 All other (b) | le (b) | reasons onl to 25.5) | y (b) + 24.4 + 25.6) | of persons : | ngurad und | er PPO | managed | l care n | producte | | an | d number of | of nercone |



| | CT BUSINESS IN THE | STATE C | F New Mexico |) | L | IFE II | NSUR | ANCI | E | | | | YEAR 2017 by Code 60052 |
|----------|--|-------------|----------------|----------------------|-----------------|----------|----------------------------|--------------|--------------|-----------------|---------------|----------|----------------------------|
| | • | DE1411114 | | | 1 | | 2 | | | 3 | 4 | Compan | 5 |
| | DIRECT F AND ANNUITY C | | | Ord | linary | | dit Life (G nd Individu | | Gre | oup | Industria | ı | Total |
| 1. | Life insurance | | | | | | | | | | | | |
| 2. | Annuity considerations | | | | | | | | | | | | |
| 3. 4. | Deposit-type contract fund Other considerations | | | | | | XXX | | | | XXX | | |
| 5. | Totals (Sum of Lines 1 to 4 | | | | | | | | | | - | | |
| | DIRECT DIVIDENDS | TO POLIC | YHOLDERS | | | | | | | | | | |
| | Life insurance: | | | | | | | | | | | | |
| | 6.1 Paid in cash or left on6.2 Applied to pay renewal | | | | | | | | | | - | | |
| | 6.3 Applied to provide paid | | | | | | | | | | | | |
| | the endowment or pre | mium-payi | ng period | | | | | | | | | | |
| | 6.4 Other | | | | | | | | | | | | |
| | 6.5 Totals (sum of Line 6.1 Annuities: | 10 6.4) | | | | † | | | | | - | | |
| | 7.1 Paid in cash or left on | deposit | | | | | | | | | | | |
| | 7.2 Applied to provide paid | | | | | | | | | | | | |
| | 7.3 Other | | | \ | | | | | | | | | |
| 8. | 7.4 Totals (sum of Lines 7 Grand Totals (Lines 6.5 pl | , | | | | -11 | | | | | | | |
| 0. | DIRECT CLAIMS A | ND BENE | FITS PAID | - 1 - 1 - | | | \blacksquare | H | | | | | |
| 9. | Death benefits | | | | | 4 | | | | | | | |
| 10. | Matured endowments | | | | | | | | | | - | | |
| | Annuity benefits Surrender values and with | | i i | | | - | | | | | + | | |
| | Aggregate write-ins for mis | | i i | | | t | | | † | | † | | |
| | and benefits paid | | | | | _ | | | | | 4 | <u>-</u> | |
| | All other benefits, except a Totals | ccident an | d health | | | ! | | | 1 | | - | | |
| 15. | DETAILS OF WRITE-INS | | | | | | | | 1 | | + | | |
| 1301. | | | | | | | | | | | | | |
| 1302. | | | | | | | | | | | | | |
| 1303. | | | | | | | | | | | | | |
| | Summary of Line 13 from (Totals (Lines 1301 thru 13 | | | | | | | | | | - | | |
| | above) | 00 p.u0 .0 | 00) (20 10 | | | | | | | | | | |
| | | | | | Credit Life | | | | | | | | |
| | | | Ordinary | | p and Individ | dual) | | Grou | | | ndustrial | | Total |
| | DIRECT DEATH BENEFITS AND | 1 | 2 | 3 No. of | 4 | | 5 | | 6 | 7 | 8 | 9 | 10 |
| | MATURED | | | Ind.Pols. | | | | | | | | | |
| | ENDOWMENTS INCURRED | No. | Amount | & Gr. Certifs. | Amou | nt | No. of Certifs. | _ | mount | No. | Amount | No. | Amount |
| 16. U | npaid December 31, prior | INO. | Amount | Certiis. | AIIIOU | П | Certiis. | A | imount | INO. | Amount | INO. | Amount |
| , | year | | | | | | | | | | | | |
| | ncurred during current year ettled during current year: | | | | | | | | | | | - | |
| | 8.1 By payment in full | | | | | | | | | | | | |
| | 8.2 By payment on | | | | | | | | | | | | |
| 11 | compromised claims 8.3 Totals paid | | | | | | | | | | | | |
| | 8.4 Reduction by | | | | | | | | | | | | |
| | compromise | | | | | | | | | | | | |
| | 8.5 Amount rejected | | | A | | | | | | | | | |
| | 8.6 Total settlements Inpaid Dec. 31, current | | | | + | | | | | | | | |
| | year (16+17-18.6) | | | | | | | | | | | | |
| | DOLLOV EVUIDIT | | | | | | of | | | | | | |
| 20. In | POLICY EXHIBIT force December 31, prior | | | | | | Policies | 1 | | | | | |
| 2 | year | | | | .(a) | | | | | - | | | |
| | sued during year ther changes to in force | | | | | | | | | | | + | |
| | (Net)(Net) | | | | | | | <u> </u> | | <u> </u> | | <u> </u> | |
| 23. In | force December 31 of | | | | () | | | | | | | | |
| | current year udes Individual Credit Life I | nouronoo n | rior voor ¢ | | _(a) | ourront | VOOR ® | | | | | | |
| | udes Group Credit Life Insu | | | | , on the at iss | | | | | | rrent year \$ | | |
| | ans greater than 60 months | | | | | | | | | | | | |
| | | | ^ | CCIDE | NT AND | HEA | יי שד ו | NCIII | RANCE | | | | |
| | | | | | NI AND | | <u> 2</u> | 1001 | | 3 | 4 | | 5 |
| | | | | 1 | | | | | Dividend | s Paid Or | | | - |
| | | | | Direct F | Premiums | Dire | ect Premi Earned | ums | | On Direct iness | Direct Losses | bieG : | Direct Losses Incurred |
| 24. | Group Policies (b) | | | ווט וויט וויט | - CIIIUIIIS | <u> </u> | Larried | | Dusi | | Direct Losses | , i alu | incurred |
| | Federal Employees Health | Benefits F | Plan | I | | | | | | | | 1 | |
| 24.2 | premium (b) Credit (Group and Individu | | | I | | † | | | | | + | | |
| | Collectively renewable pol | | | L | | <u> </u> | | | İ | | 1 | | |
| | Medicare Title XVIII exemp | | | | | Į | | | I | | | | |
| | Other Individual Policies: | | | _ | | | _ | _ | | _ | | | |
| | Non-cancelable (b) | | | \ | | D | | | | | | | |
| | Guaranteed renewable (b) Non-renewable for stated | | | | | 1 | | · [| | | + | | |
| | Other accident only | | * ' ' | 75 | | | 7 | \ | | | 1 | | |
| | All other (b) | | | | | | | VI. | | | | | |
| | Totals (sum of Lines 25.1 | , | | | | | | | | | - | | |
| 26. | Totals (Lines 24 + 24.1 + 2 | 24.2 + 24.3 | + 24.4 + 25.6) | in the second | | Ì | | | 1 | | Í | | |

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..... and number of persons

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products



| | CT BUSINESS IN THE S Group Code 0119 | STATE O | F North Carol | | | IFE IN | NSUR <i>A</i> | ANCE | | | NAIC | | YEAR 2017 y Code 60052 |
|---------------------|---|-------------------------|----------------|-------------|-------------|--|-------------------|--------------|--------------|---------------------------|--------------|--------|---------------------------|
| | DIRECT P | REMIUMS | | | 1 | Crec | 2 dit Life (Gr | roup | | 3 | 4 | | 5 |
| | AND ANNUITY C | ONSIDER! | ATIONS | Ordi | inary | and | d Individu | ıal) | Gr | roup | Industria | al | Total |
| 1. 2. | Life insurance Annuity considerations | | | | | + | | | | | | | |
| | Deposit-type contract funds | | | | | | XXX | | | | XXX | | |
| 4. | Other considerations | | | | | | | | ļ | | | | |
| 5. | Totals (Sum of Lines 1 to 4 | , | VHOI DEDC | | | | | | | | | | |
| | Life insurance: | TO POLIC | THOLDERS | | | | | | | | | | |
| | 6.1 Paid in cash or left on o | | | | | | | | | | | | |
| | 6.2 Applied to pay renewal | | | | | | | | | | | | |
| | 6.3 Applied to provide paid the endowment or prei | l-up additio | ns or shorten | | | | | | | | | | |
| | 6.4 Other | | | | | 1 | | | | | | | |
| | 6.5 Totals (sum of Line 6.1 | to 6.4) | | | | ļ | | | | | | | |
| | Annuities: 7.1 Paid in cash or left on o | donocit | | | | | | | | | | | |
| | 7.2 Applied to provide paid | | | | | | | | | | | | |
| | 7.3 Other | | | | | | | | | | | | |
| _ | 7.4 Totals (sum of Lines 7. | | | | | M | | | | | | | |
| 8. | Grand Totals (Lines 6.5 plu DIRECT CLAIMS A | | ITC DAID | → | | Ш | 47 | | | | | | |
| 9. | Death benefits | | | 74 | | | 1 | | | | | | |
| - | Matured endowments | | | \ | | | | | | | | | |
| | Annuity benefits | | i i | | | _ | | | <u> </u> | | | | |
| | Surrender values and withe Aggregate write-ins for mis | | i i | | | | | | | | | | |
| 13. | and benefits paid | | | | | ļ | | | | | ļ | | |
| | All other benefits, except a | | | | | _ | | | | | | | |
| 15. | Totals DETAILS OF WRITE-INS | | | | | | | | | | | | |
| 1301. | | | | | | | | | | | | | |
| 1302. | | | | | | | | | | | | | |
| 1303. | | | | | | ļ | | | | | | | |
| | Summary of Line 13 from or Totals (Lines 1301 thru 130 | | ~ | | | | | | | | | | |
| 1399. | above) | oo pius 10a | 96) (Lille 13 | | | | | | | | | | |
| | | | | | Credit Life | | | | | | | | |
| | | | Ordinary | (Group | and Individ | dual) | <u> </u> | Group | | | dustrial | | Total |
| | DIRECT DEATH BENEFITS AND | 1 | 2 | 3 No. of | 4 | | 5 | | 6 | 7 | 8 | 9 | 10 |
| | MATURED | | | Ind.Pols. | | | | l | | | | | |
| | ENDOWMENTS | No | A ma a cont | & Gr. | A | | No. of | | maunt | No | Amazunt | No | Amazzat |
| 16. U | INCURRED npaid December 31, prior | No. | Amount | Certifs. | Amou | ını | Certifs. | Al | mount | No. | Amount | No. | Amount |
| ۱ ۱ | ear | | | | | | | | | | | | |
| | curred during current year ettled during current year: | | | | | | | <u> </u> | | | | | |
| | 3.1 By payment in full | | | | | | | l | | | | | |
| | 3.2 By payment on | | | | | | | | | | | | |
| 15 | compromised claims 3.3 Totals paid | | | | | | | | | | | | |
| | 3.4 Reduction by | | | | | | | | | - | | | |
| | compromise | | | \ | | | — | | | | | | |
| | 3.5 Amount rejected | | ••••• | | | | | | | | | | |
| | npaid Dec. 31, current | | | | | | | | | | | | |
| | /ear (16+17-18.6) | | | - 74 | | | | | | | | | |
| | POLICY EXHIBIT | | | | | | Policies | | | | | | |
| 20. In | force December 31, prior | | | | | | | l | | | | | |
| | /earsued during yearsued during year | | | | (a) | | | | | -+ | | | |
| | ther changes to in force | | | | | | | | | | | | |
| (| Net) | | | | | | | | | | | | |
| | force December 31 of current year | | | | (a) | | | | | | | | |
| | udes Individual Credit Life Ir | nsurance p | rior year \$ | | , (| current | year \$ | | | | | | |
| | udes Group Credit Life Insu | | | • | | | | | | , cur | • | | |
| Loa | ns greater than 60 months | at issue BU | JI NOI GREATE | ER THAN 1 | 20 MONTH | S, prior | year \$ | | | , cur | rent year \$ | | |
| | | | | CCIDE | NT AND | HEA | <u>LTH I</u> | ISU F | | | | | |
| | | | | | 1 | | 2 | | | 3 do Boid Or | 4 | | 5 |
| | | | | | | Dire | ect Premiu | ıms | | ds Paid Or I On Direct | | | Direct Losses |
| 0.4 | Crown Dollates // \ | | | Direct P | remiums | 1 | Earned | | Bus | siness | Direct Losse | s Paid | Incurred |
| | Group Policies (b) Federal Employees Health | | | l | | † | | | † | | | | |
| | premium (b) | | | | | | | | _ | | | | |
| | Credit (Group and Individu | | | | | - | | | | | | | |
| | Collectively renewable poli Medicare Title XVIII exemp | | | | | + | | | | | | | |
| 24.4 | Other Individual Policies: | , nom state | tanes UI IEES | l | | † | | | † | | † | | |
| 25.1 | Non-cancelable (b) | | | | | | | | | | | | |
| | Guaranteed renewable (b) | | | | | 1 | | [] | - I | | | | |
| 25.3 | Non-renewable for stated r | | , , | | | | | | | | ļ | | |
| 25.4 | ()ther accident only | | | | | | | | | | 4 | | |
| | Other accident only | | | | | | | | | <u>-</u> | | | |
| 25.5 25.6 | All other (b) | to 25.5) | | | U | | | | | | | | |
| 25.5 25.6 26. | All other (b) | to 25.5) 24.2 + 24.3 | + 24.4 + 25.6) | | | | | | | | | | |



| | T BUSINESS IN THE S Group Code 0119 | STATE O | F North Dako | | | IFE IN | ISUR <i>A</i> | NCE | | | NAIC | | YEAR 2017 y Code 60052 |
|---|---|-----------------------|-----------------|---------------------|-------------|--------------|------------------|------------|--------------|-----------------|---------------|--------|---------------------------|
| | DIRECT P | REMIUMS | | | 1 | Credi | 2 it Life (Gr | quo | | 3 | 4 | | 5 |
| | AND ANNUITY C | ONSIDERA | ATIONS | Ordi | inary | | d Individua | | Gr | oup | Industria | al | Total |
| | Life insurance | | | | | ! | | | | | | | |
| | Annuity considerations Deposit-type contract funds | | | | | † | XXX | | | | XXX | | |
| | Other considerations | | | | | | | | | | 1 | | |
| 5. | Totals (Sum of Lines 1 to 4 | , | | | | | | | | | | | |
| | DIRECT DIVIDENDS | TO POLIC | YHOLDERS | | | | | | | | | | |
| | Life insurance: | | | | | | | | | | | | |
| | 6.1 Paid in cash or left on c6.2 Applied to pay renewal | | | | | | | | | | | | |
| | 6.3 Applied to pay renewar | | | | | | | | | | | | |
| | the endowment or prei | nium-payir | ng period | | | | | | | | | | |
| | 6.4 Other | | | | | <u> </u> | | | | | ļ | | |
| | 6.5 Totals (sum of Line 6.1 Annuities: | to 6.4) | | | | + | | | | | | | |
| | 7.1 Paid in cash or left on o | denosit | | | | | | | | | | | |
| | 7.2 Applied to provide paid | | | | | İ | | | [| | | | |
| | 7.3 Other | | | \ | | | | | | | | | |
| | 7.4 Totals (sum of Lines 7. | | | | | 7 | | | | | | | |
| 8. | Grand Totals (Lines 6.5 plu DIRECT CLAIMS A | | | | | | | | | | | | |
| 9. | Death benefits | | | 74 | | | | | | | | | |
| | Matured endowments | | | | | | — | | | | † | | |
| | Annuity benefits | | | | | | | | | | | | |
| 12. | Surrender values and with | drawals for | life contracts | | | ļ | | | | | | | |
| 13. | Aggregate write-ins for mis | | | | | | | | | | | | |
| 14 | and benefits paid All other benefits, except a | | | | | † | | | | | | | |
| | Totals | som and | | | | † | | | | | <u> </u> | | |
| | DETAILS OF WRITE-INS | | | | | | | | | | | | |
| 1301. | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | Summary of Line 13 from 0 | | | | | - | | | <u> </u> | | | | |
| | Totals (Lines 1301 thru 130 | | • | | | | | | | | | | |
| .000. | above) | 00 p.d0 .00 | 70) (2.1.0 10 | | | | | | | | | | |
| | | | | 1 . | Credit Life | | | | | | | 1 | |
| | | (| Ordinary | | and Individ | dual) | | Group |) | In | dustrial | | Total |
| | DIRECT DEATH | 1 | 2 | 3 | 4 | | 5 | | 6 | 7 | 8 | 9 | 10 |
| | BENEFITS AND MATURED | | | No. of Ind.Pols. | | | | | | | | | |
| | ENDOWMENTS | | | & Gr. | | | No. of | | | | | | |
| 40.11 | INCURRED | No. | Amount | Certifs. | Amou | ınt | Certifs. | A | mount | No. | Amount | No. | Amount |
| | npaid December 31, prior ear | | | | | | | | | | | | |
| | curred during current year | | | | | | | | | | | | |
| | ettled during current year: | | | | | | | | | | | | |
| | .1 By payment in full | | | | | | | | | | | | |
| 18 | 5.2 By payment on compromised claims | | | | | | | | | | | | |
| 18 | .3 Totals paid | | | | | | | | | | | | |
| 18 | .4 Reduction by | | _ | | | | _ | _ | | | | | |
| 10 | compromise | | | \ | | | - | | | | | | |
| | .6 Total settlements | | | | | | | | | | | | |
| | npaid Dec. 31, current | | | | | | | | | | | | |
| yı | ear (16+17-18.6) | | | 71 | | | | | | | | | |
| | POLICY EXHIBIT | | | | | | of Policies | | | | | | |
| 20. In | force December 31, prior | | | | | | Uncles | | | | | | |
| y | ear | | | | (a) | | | | | ļ | | | |
| | sued during year | | | | | | | | | | | | |
| | her changes to in force Net) | | | | | | | | | | | | |
| | force December 31 of | | | | | | | | | | | | |
| | urrent year | | d | | (a) | | | | | | | | |
| | ides Individual Credit Life Ir ides Group Credit Life Insu | | - | | , (| - | | | | , cur | ront year ¢ | | |
| | ns greater than 60 months : | | | • | | | | | | , cur | • | | |
| 200. | o grouter than oo mentre | | | | | | | | | , oa. | .ο γοα. φ | | |
| | | | Δ. | | NT AND | HEAL | | 120E | | 2 | | | |
| | | | | | 1 | | 2 | | | 3 ds Paid Or | 4 | | 5 |
| | | | | | | Direc | ct Premiu | ıms | | On Direct | | | Direct Losses |
| | | | | Direct P | remiums | | Earned | | Bus | siness | Direct Losses | s Paid | Incurred |
| | Group Policies (b) Federal Employees Health | | | | | | | | ļ | | | | |
| 24.1 | premium (b) | | | | | | | | | | | | |
| | Credit (Group and Individu | al) | | | | ļ | | | | | | | |
| | Collectively renewable poli | | | | | | |] | | | | | |
| | Medicare Title XVIII exemp | t from state | e taxes or fees | | | | | | | | | | |
| | Other Individual Policies: | | | | | | | | | | | | |
| OF 4 | Non-cancelable (b) | | | \ | | | | | | | | | |
| | * * | | | | | + | | | | | + | | |
| 25.2 | Guaranteed renewable (b) Non-renewable for stated r | | | | | | | | | - | 1 | | |
| 25.2 25.3 | Guaranteed renewable (b) | easons onl | ly (b) | | | | | | | | | | |
| 25.2 25.3 25.4 | Guaranteed renewable (b) Non-renewable for stated r | easons onl | ly (b) | | | | | | | | | | |
| 25.2 25.3 25.4 25.5 25.6 | Guaranteed renewable (b) Non-renewable for stated r Other accident only All other (b) Totals (sum of Lines 25.1 t | easons onl | ly (b) | V | | | | | | | | | |
| 25.2 25.3 25.4 25.5 25.6 26. | Guaranteed renewable (b) Non-renewable for stated r Other accident only All other (b) | easons onl o 25.5) | + 24.4 + 25.6) | V | | | | | | | and | | |



| IAIC Group Code 0119 | | | | LI | FE INSU | RANG | CĘ | | NAIC | Company | y Code 6005 |
|---|--------------|-----------------|-------------------|------------------------------|---|---------|---------------|-----------------|---------------|---------|---------------|
| DIRECT P | REMIUMS | ; | | 1 | 2 Credit Life | (Group | | 3 | 4 | | 5 |
| AND ANNUITY C | | | Ord | linary | and Ind | vidual) | G | roup | Industria | 1 | Total |
| Life insurance Annuity considerations | | | | | | | | | | | |
| Deposit-type contract funds | S | | | | XX | | | | XXX | | |
| 4. Other considerations | | | | | | | | | | | |
| 5. Totals (Sum of Lines 1 to 4 | , | VUOI DEDO | | | | | | | | | |
| Life insurance: | IO POLIC | THOLDERS | | | | | | | | | |
| 6.1 Paid in cash or left on o | deposit | | | | | | | | | | |
| 6.2 Applied to pay renewal | | | | | | | | | | | |
| 6.3 Applied to provide paid the endowment or pre | | | | | | | | | | | |
| 6.4 Other | mum-payıı | ig period | | | | | | | | | |
| 6.5 Totals (sum of Line 6.1 | to 6.4) | | | | | | | | | | |
| Annuities: | | | | | | | | | | | |
| 7.1 Paid in cash or left on o7.2 Applied to provide paid | | | | | | | | | · | | |
| 7.3 Other | | | | | | | | | | | |
| 7.4 Totals (sum of Lines 7. | | | | | <u>, </u> | | | | | | |
| 8. Grand Totals (Lines 6.5 plu | | | | | | | | | | | |
| DIRECT CLAIMS A | | | 74 | | | W | | | | | |
| Death benefits Matured endowments | | | | | | | | | | | |
| 1. Annuity benefits | | | | | | | | | | | |
| 2. Surrender values and with | | | | | | | | | | | |
| Aggregate write-ins for mis and benefits paid | | | | | | | | | | | |
| 4. All other benefits, except a | | | | | | | | | | t | |
| 5. Totals | | | | | | | | | | | |
| DETAILS OF WRITE-INS | · | - | <u>-</u> | | - | | | | | | |
| 01 | | | | | | | | | | | |
| 802 803. | | | | | | | | | | | |
| 98. Summary of Line 13 from o | | | | | | | | | | | , |
| 99. Totals (Lines 1301 thru 13 | 03 plus 139 | 98) (Line 13 | | | | | | | | | |
| above) | | | | | | | | | | | |
| | | Ordinary | | Credit Life p and Individ | lual) | Gro | oup | Ir | ndustrial | | Total |
| DIRECT DEATH | 1 | 2 | 3 | 4 | 5 | | 6 6 | 7 | 8 | 9 | 10 |
| BENEFITS AND | | | No. of | | | | | | | | |
| MATURED ENDOWMENTS | | | Ind.Pols & Gr. | | No. | of | | | | | |
| INCURRED | No. | Amount | Certifs. | Amour | | | Amount | No. | Amount | No. | Amount |
| Unpaid December 31, prior year | | | | | | | | | | | |
| 7. Incurred during current year | | | | | | | | | | | |
| Settled during current year: | | | | | | | | | | | |
| 18.1 By payment in full | | | | | | | | | | | |
| 18.2 By payment on compromised claims | , | | | | | | | | | | |
| 18.3 Totals paid | | | | | | | | | | | |
| 18.4 Reduction by | | _ | | | | | | | | | |
| compromise 18.5 Amount rejected | | | - | | | | | | | | |
| 18.6 Total settlements | | | | | | | | | | | |
| . Unpaid Dec. 31, current | | | | | | | | | | | |
| year (16+17-18.6) | | | - | | | of | | | | + | + |
| POLICY EXHIBIT | | | | | Polic | ies | | | | | |
|). In force December 31, prior | | | | (2) | | | | | | | |
| year | | | | _(a) | | | | | | | |
| . Other changes to in force | | | | | | | | | | | |
| (Net) | | | | | | | | | | | |
| . In force December 31 of current year | | | | (a) | | | | | | | |
| Includes Individual Credit Life I | | • | | , C | • | | | | | - | |
| Includes Group Credit Life Insu | | | • | | | | | | - | | |
| Loans greater than 60 months | at issue bu | | | | | | | | rrent year \$ | | |
| | | | | | | | <u>JRANCE</u> | | | | |
| | | | | 1 | 2 | | Dividon | 3 ds Paid Or | 4 | | 5 |
| | | | | | Direct Pr | emiums | | d On Direct | | | Direct Losses |
| 4 0 5 " : " : | | | Direct F | Premiums | Earı | ed | | siness | Direct Losses | Paid | Incurred |
| 4. Group Policies (b) | | | L | | L | | | | | | |
| premium (b) | | | | | | | | | | | |
| 4.2 Credit (Group and Individu | al) | | | | | | | | | | |
| 4.3 Collectively renewable poli | | | | | | | | | | | |
| 4.4 Medicare Title XVIII exemp Other Individual Policies: | ot from stat | e taxes or tees | L | | L | | | | · | | |
| Other individual Policies: 5.1 Non-cancelable (b) | | | | | | | | | | | |
| 5.2 Guaranteed renewable (b) | | | | | | \ | | | | | |
| 5.3 Non-renewable for stated r | easons on | ly (b) | | | | | | | | | |
| 5.4 Other accident only | | | | | | | | | | | |
| 5.5 All other (b) | | | | | 7 | | | | | | |
| 25.6 Totals (sum of Lines 25.1 t 26. Totals (Lines 24 + 24.1 + 2 | | | | | | | | | + | | |

..... and number of persons

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products



| | CT BUSINESS IN THE | STATE C | F Oklahoma | | LI | IFE INS | SURA | ANCE | E | | | | YEAR 2017 ny Code 60052 |
|----------------|--|--------------|------------------|-------------------|---------------|-----------------|--------------------|-----------|------------------|----------------|--------------------------------|--------|----------------------------|
| IVAIO | • | | | | 1 | | 2 | | | 3 | 4 | Compan | 5 |
| | DIRECT F AND ANNUITY C | | | Ord | linary | Credit and I | Life (G ndividu | | Gr | oup | Industria | al | Total |
| 1. | Life insurance | | | | y | andi | | | GI. | | industric | | 10101 |
| 2. | Annuity considerations | | | | | | | | | | - | | |
| 3. 4. | Deposit-type contract fund Other considerations | | | | | | XXX | | | | XXX | | |
| 4. 5. | Totals (Sum of Lines 1 to 4 | | | | | | | | | | + | | |
| | DIRECT DIVIDENDS | | YHOLDERS | | | | | | | | | | |
| | Life insurance: | | | | | | | | | | | | |
| | 6.1 Paid in cash or left on | | | | | | | | | | - | | |
| | 6.2 Applied to pay renewal | • | i i | | | | | | | | | | |
| | 6.3 Applied to provide paid the endowment or pre | | | | | | | | | | | | |
| | 6.4 Other | | | | | | | | | | | | |
| | 6.5 Totals (sum of Line 6.1 | to 6.4) | | | | | | | | | | | |
| | Annuities: 7.1 Paid in cash or left on | denocit | | | | | | | | | | | |
| | 7.2 Applied to provide paid | • | | | | | | | | | 1 | | |
| | 7.3 Other | | | \ . | | | | | | | | | |
| | 7.4 Totals (sum of Lines 7 | , | | | | M | N | | | · | | | |
| 8. | Grand Totals (Lines 6.5 pl | us 7.4) | CITO DAID | 7 | | | | acksquare | | | | | |
| 9. | Death benefits | | | 74 | | | 1 | | | | | | |
| 9. 10. | Matured endowments | | | 7 | | | | | | | 1 | | |
| - | Annuity benefits | | | | | | | | | | | | |
| | Surrender values and with | | i i | | | ļ | | | ļ | | 4 | | |
| 13. | Aggregate write-ins for mis and benefits paid | | | | | | | | | | 1 | | |
| 14. | All other benefits, except a | | | | | İ | | | <u> </u> | | 1 | | |
| | Totals | | | | | [| | | | | [| | |
| | DETAILS OF WRITE-INS | | | | | | | | | | | | |
| 1301. | | | | | | | | | | | | | |
| 1302. 1303. | | | | | | | | | | | | | |
| | Summary of Line 13 from | | | | | | | | | | 1 | | |
| | Totals (Lines 1301 thru 13 | | | | | | | | | | | | |
| | above) | | | | | | | | | | | | |
| | | | | | Credit Life | | | | | | | | |
| | DIRECT DEATH | 1 | Ordinary 2 | (Grou | p and Individ | dual) | 5 | Group | р <u> </u> | 7 | ndustrial 8 | 9 | Total 10 |
| | BENEFITS AND | ı | 2 | No. of | 4 | | 5 | | b | , | 0 | 9 | 10 |
| | MATURED | | | Ind.Pols. | | | | | | | | | |
| | ENDOWMENTS INCURRED | No. | Amount | & Gr. Certifs. | Amou | | No. of ertifs. | _ | mount | No. | Amount | No. | Amount |
| 16. U | Inpaid December 31, prior | INO. | Amount | Gertiis. | Allioui | III. C | eruis. | | inount | INO. | Amount | INO. | Amount |
| | year | | | | | | | | | | | | |
| | ncurred during current year settled during current year: | | | | | | | | | | | | |
| | 8.1 By payment in full | | | | | | | | | | | | |
| | 8.2 By payment on | | | | | | | | | | | | |
| | compromised claims | | | | | | | | | | | | |
| | 8.3 Totals paid 8.4 Reduction by | | | | | | | | | | | | |
| ' | compromise | , | | | | | | | | | | | |
| | 8.5 Amount rejected | | | \ | | | | | | | | | |
| | 8.6 Total settlements | | | | | | | | | | | | |
| | Inpaid Dec. 31, current year (16+17-18.6) | | | W | | | | | | | | | |
| | your (10117 10.0) | | | | | | . of | | | | | | |
| 00 1 | POLICY EXHIBIT | | _ | | | P | olicies | | | | | | |
| | n force December 31, prior year | | | | (a) | | | | | | | | |
| 21. Is | ssued during year | | | | ļ' <i>'</i> | | | ļ | | | | | |
| | Other changes to in force | | | | | | | | | | | | |
| | (Net) n force December 31 of | | | | - | | | | | t | | | |
| | current year | | | | (a) | | | | | | | | |
| | udes Individual Credit Life I | | | | , (| • | | | | | | | |
| | ludes Group Credit Life Insu ans greater than 60 months | | | | | | | | | | rrent year \$ rrent year \$ | | |
| LUa | ans greater than 00 months | at 100UE DI | | | | | | | | , cu | попцусаг⊅ | | |
| | | | | | NT AND | HEAL | | NSUF | | | 1 | | |
| | | | | | 1 | | 2 | | | 3 s Paid Or | 4 | | 5 |
| | | | | | | Direct | Premiu | ums | | On Direct | | | Direct Losses |
| - | 0 0 0 | | | Direct F | Premiums | E | arned | | | ness | Direct Losses | s Paid | Incurred |
| | Group Policies (b) | | | | | | | | | | + | | |
| 24.1 | Federal Employees Health premium (b) | | | | | | | | | | | | |
| | Credit (Group and Individu | ıal) | | | | ļ | | | ļ | | 4 | | |
| | Collectively renewable pol | | | | | - | | | ļ | | - | | |
| 24.4 | Medicare Title XVIII exemp | ot from stat | te taxes or fees | | | | | | | | | | |
| 25 1 | Other Individual Policies: Non-cancelable (b) | | | | | | | | | | | | |
| | Guaranteed renewable (b) | | | \ - | | | | | | | 1 | | |
| | Non-renewable for stated | | | | | | | | | | | | |
| 25.4 | Other accident only | | | | | | | | | | | | |
| | All other (b) | | | | | | ····· | 7 | | | 4 | | |
| | Totals (sum of Lines 25.1 | | | | | | | _ | | | 1 | 1 | |

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..... and number of persons

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products



| DIRECT BUSINESS IN THE NAIC Group Code 0119 | STATE O | F Oregon | | LI | IFE II | NSURA | ANCE | = | | | | YEAR 2017 Code 60052 |
|--|----------------------|-------------------|-------------|-------------|----------|----------------------------|------------------|----------|-------------------------|----------------|--------------|-------------------------|
| · | | | - | 1 | | 2 | | | 3 | 4 | Company | 5 |
| AND ANNUITY (| PREMIUMS CONSIDER | | Ordi | nary | | dit Life (G nd Individu | | Gr | oup | Industria | al | Total |
| Life insurance | | | | | | | | | | | | |
| Annuity considerations Deposit-type contract fund | | | | | | | | | | | | |
| Other considerations | | | | | | XXX | | | | XXX. | | |
| 5. Totals (Sum of Lines 1 to | | | | | | | | | | | | |
| DIRECT DIVIDENDS | TO POLIC | YHOLDERS | | | | | | | | | | |
| Life insurance: | | | | | | | | | | | | |
| 6.1 Paid in cash or left on 6.2 Applied to pay renewa | deposit | | | | | | | | | | | |
| 6.3 Applied to provide pai | | | | | | | | | | | | |
| the endowment or pre | emium-payir | ng period | | | | | | | | | | |
| 6.4 Other | | | | | | | | | | | | |
| 6.5 Totals (sum of Line 6. Annuities: | 1 to 6.4) | | | | | | | | | | | |
| 7.1 Paid in cash or left on | deposit | | | | | | | | | | | |
| 7.2 Applied to provide pai | • | F | | | | | | | | | | |
| 7.3 Other | | | | | | | | | | | | |
| 7.4 Totals (sum of Lines 7 | | | A | | | | | | | | | |
| 8. Grand Totals (Lines 6.5 p | | TITE DAID | + | | | | $\forall \vdash$ | | | | | |
| 9. Death benefits | | | 74 | | | II 7 | | | | | | |
| Matured endowments | | | | | | | | | | | - | |
| 11. Annuity benefits | | r | | | | | | | | | | |
| 12. Surrender values and with | | F | | | ļ | | | ļ | | | | |
| Aggregate write-ins for mi and benefits paid | | | | | | | | | | | | |
| 14. All other benefits, except | | | | | İ | | | <u></u> | | 1 | | |
| 15. Totals | | | | | | | | | | | ļ | |
| DETAILS OF WRITE-INS | | | | | | | | | | | | |
| 1301. | | | | | | | | | | | | |
| 1302. | | | | | | | | | | | | |
| 1303 1398. Summary of Line 13 from | overflow pa | | | | | | | | | | | |
| 1399. Totals (Lines 1301 thru 13 | | • | | | | | | | | | | |
| above) | | | | | | | | | | | | |
| | | | (| Credit Life | | | | | | | | |
| DIDECT DEATH | | Ordinary | | and Individ | lual) | _ | Group | | 7 | Industrial 2 | - | Total |
| DIRECT DEATH BENEFITS AND | 1 | 2 | 3 No. of | 4 | | 5 | | 6 | / | 8 | 9 | 10 |
| MATURED | | | Ind.Pols. | | | | | | | | | |
| ENDOWMENTS INCURRED | NI- | A | & Gr. | A · · · | | No. of | | | NI- | A 4 | NI- | A |
| 16. Unpaid December 31, prior | No. | Amount | Certifs. | Amou | nt | Certifs. | А | mount | No. | Amount | No. | Amount |
| year | | | | | | | | | | | | |
| 17. Incurred during current year | | | | | | | | | | | | |
| Settled during current year: | | | | | | | | | | | | |
| 18.1 By payment in full 18.2 By payment on | | | | | | | | | | | | |
| compromised claims. | | | | | | | | | | | | |
| 18.3 Totals paid | | | | | | | | | | | | |
| 18.4 Reduction by compromise | | | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | | | |
| 18.6 Total settlements | - | | | | | | | | | | | |
| 19. Unpaid Dec. 31, current | | | | | | | | | | | | |
| year (16+17-18.6) | | | +75 | | | . of | | | | | + | |
| POLICY EXHIBIT | | _ | | | | Policies | | | | | | |
| 20. In force December 31, prior | | | | (a) | | [| | | | | | |
| year 21. Issued during year | | | | (a) | | İ | <u> </u> | | 1 | | | |
| 22. Other changes to in force | | | | | | | | | | | | |
| (Net)23. In force December 31 of | | | | | | | L | | + | | | |
| current year | | | | (a) | | <u> </u> | | | | | | |
| (a) Includes Individual Credit Life | | | | | | • | | | | | | |
| Includes Group Credit Life Inst | | | | | | | | | | urrent year \$ | | |
| Loans greater than 60 months | at issue Bl | JI NOT GREATE | :R 1HAN 12 | ∠U MONTHS | s, prior | year \$ | | | , C | urrent year \$ | | |
| | | A | CCIDE | NT AND | HEA | LTH I | <u>NS</u> UF | RANCE | | | | |
| | | | | 1 | | 2 | | | 3 | 4 | | 5 |
| | | | | | Dire | ect Premiu | ums | | ds Paid Or On Direct | | | Direct Losses |
| | | | Direct P | remiums | | Earned | | | siness | Direct Losse | s Paid | Incurred |
| 24. Group Policies (b) | | | | | ļ | | | ļ | | | | |
| 24.1 Federal Employees Healt premium (b) | | | | | | | | | | | | |
| 24.2 Credit (Group and Individual | ual) | | | | | | | | | | | |
| 24.3 Collectively renewable po | | | | | ļ | | | | | | | |
| 24.4 Medicare Title XVIII exem | pt from stat | e taxes or fees | | | | | | | | | | |
| Other Individual Policies: 25.1 Non-cancelable (b) | | | | | | | | | | | | |
| 25.1 Non-cancelable (b) | | | A S | | 1 | | | | | | | |
| 25.3 Non-renewable for stated | | | | | | | | | | | <u> </u> | |
| 25.4 Other accident only | | | | | | | | | | | | |
| 25.5 All other (b) | | | | | J | | T | | | | | |
| 25.6 Totals (sum of Lines 25.1 | | | | | | | | | | | | |
| 26. Totals (Lines 24 + 24.1 + | | | of n - · · | | | \ ma | ٠ | | | | ا بصلم | f marac |
| (b) For health business on ind | cated lines | report: Number of | ז persons i | nsured unde | er PPO | managed | care p | products | | an | a number of | r persons |

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| DIRECT PREM AND ANNUITY CONSI Life insurance Annuity considerations Deposit-type contract funds Other considerations Totals (Sum of Lines 1 to 4) DIRECT DIVIDENDS TO P Life insurance: 6.1 Paid in cash or left on depos 6.2 Applied to pay renewal prem 6.3 Applied to provide paid-up a the endowment or premium 6.4 Other 6.5 Totals (sum of Line 6.1 to 6. Annuities: 7.1 Paid in cash or left on depos 7.2 Applied to provide paid-up a 7.3 Other 7.4 Totals (sum of Lines 7.1 to 7 Grand Totals (Lines 6.5 plus 7.4 DIRECT CLAIMS AND B Death benefits Matured endowments Annuity benefits Surrender values and withdrawa Aggregate write-ins for miscella and benefits paid All other benefits, except accide Totals DETAILS OF WRITE-INS | DERATIONS DELICYHOLDERS It | | XXX | al) Gro | up | XXX | | 5 Total |
|---|--|--|---|---|--------------------------------------|---------------|---------|---------------|
| Life insurance Annuity considerations Deposit-type contract funds Other considerations Totals (Sum of Lines 1 to 4) DIRECT DIVIDENDS TO P Life insurance: 6.1 Paid in cash or left on depos 6.2 Applied to pay renewal prem 6.3 Applied to provide paid-up a the endowment or premium 6.4 Other 6.5 Totals (sum of Line 6.1 to 6. Annuities: 7.1 Paid in cash or left on depos 7.2 Applied to provide paid-up a 7.3 Other 7.4 Totals (sum of Lines 7.1 to 7 Grand Totals (Lines 6.5 plus 7.4 DIRECT CLAIMS AND B Death benefits Matured endowments Annuity benefits Surrender values and withdrawa Aggregate write-ins for miscellar and benefits paid All other benefits, except accide Totals DETAILS OF WRITE-INS | bLICYHOLDERS t | | XXX | | | xxx | | |
| Deposit-type contract funds Other considerations Totals (Sum of Lines 1 to 4) DIRECT DIVIDENDS TO P Life insurance: 6.1 Paid in cash or left on depos 6.2 Applied to pay renewal prem 6.3 Applied to provide paid-up a the endowment or premium 6.4 Other 6.5 Totals (sum of Line 6.1 to 6. Annuities: 7.1 Paid in cash or left on depos 7.2 Applied to provide paid-up a 7.3 Other 7.4 Totals (sum of Lines 7.1 to 7 Grand Totals (Lines 6.5 plus 7.4 DIRECT CLAIMS AND B Death benefits Matured endowments Annuity benefits Surrender values and withdrawa Aggregate write-ins for miscellar and benefits paid All other benefits, except accide Totals DETAILS OF WRITE-INS | bLICYHOLDERS t | | XXX | | | XXX | | |
| Other considerations Totals (Sum of Lines 1 to 4) DIRECT DIVIDENDS TO P Life insurance: 6.1 Paid in cash or left on depos 6.2 Applied to pay renewal prem 6.3 Applied to provide paid-up a the endowment or premium 6.4 Other 6.5 Totals (sum of Line 6.1 to 6. Annuities: 7.1 Paid in cash or left on depos 7.2 Applied to provide paid-up a 7.3 Other 7.4 Totals (sum of Lines 7.1 to 7 Grand Totals (Lines 6.5 plus 7.4 DIRECT CLAIMS AND B Death benefits Matured endowments Annuity benefits Surrender values and withdrawa Aggregate write-ins for miscellar and benefits paid All other benefits, except accide Totals DETAILS OF WRITE-INS | bLICYHOLDERS t | | | | | | | |
| DIRECT DIVIDENDS TO P Life insurance: 6.1 Paid in cash or left on depos 6.2 Applied to pay renewal prem 6.3 Applied to provide paid-up a the endowment or premium 6.4 Other 6.5 Totals (sum of Line 6.1 to 6. Annuities: 7.1 Paid in cash or left on depos 7.2 Applied to provide paid-up a 7.3 Other 7.4 Totals (sum of Lines 7.1 to 7 Grand Totals (Lines 6.5 plus 7.4 DIRECT CLAIMS AND B Death benefits Matured endowments Annuity benefits Surrender values and withdrawa Aggregate write-ins for miscella and benefits paid All other benefits, except accide Totals DETAILS OF WRITE-INS | t | | | | | | | |
| Life insurance: 6.1 Paid in cash or left on depos 6.2 Applied to pay renewal prem 6.3 Applied to provide paid-up a the endowment or premium 6.4 Other 6.5 Totals (sum of Line 6.1 to 6. Annuities: 7.1 Paid in cash or left on depos 7.2 Applied to provide paid-up a 7.3 Other 7.4 Totals (sum of Lines 7.1 to 7 Grand Totals (Lines 6.5 plus 7.4 DIRECT CLAIMS AND B Death benefits Matured endowments Annuity benefits Surrender values and withdrawa Aggregate write-ins for miscella and benefits paid All other benefits, except accide Totals DETAILS OF WRITE-INS | t | | | | | | | |
| 6.1 Paid in cash or left on depos 6.2 Applied to pay renewal prem 6.3 Applied to provide paid-up a the endowment or premium 6.4 Other | ditions or shorten paying period | | | | | | | |
| 6.2 Applied to pay renewal prem 6.3 Applied to provide paid-up a the endowment or premium 6.4 Other 6.5 Totals (sum of Line 6.1 to 6. Annuities: 7.1 Paid in cash or left on depos 7.2 Applied to provide paid-up a 7.3 Other 7.4 Totals (sum of Lines 7.1 to 7 Grand Totals (Lines 6.5 plus 7.4 DIRECT CLAIMS AND B Death benefits Matured endowments Annuity benefits Surrender values and withdrawa Aggregate write-ins for miscella and benefits paid All other benefits, except accide Totals DETAILS OF WRITE-INS | ditions or shorten paying period | | | | | | | |
| the endowment or premium 6.4 Other 6.5 Totals (sum of Line 6.1 to 6. Annuities: 7.1 Paid in cash or left on depos 7.2 Applied to provide paid-up a 7.3 Other 7.4 Totals (sum of Lines 7.1 to 7 Grand Totals (Lines 6.5 plus 7.4 DIRECT CLAIMS AND B Death benefits Matured endowments Annuity benefits Surrender values and withdrawa Aggregate write-ins for miscellar and benefits paid All other benefits, except accide Totals DETAILS OF WRITE-INS | t | 16 | | T T | | | | |
| 6.4 Other 6.5 Totals (sum of Line 6.1 to 6. Annuities: 7.1 Paid in cash or left on depos 7.2 Applied to provide paid-up a 7.3 Other 7.4 Totals (sum of Lines 7.1 to 7 Grand Totals (Lines 6.5 plus 7.4 DIRECT CLAIMS AND B Death benefits Matured endowments Annuity benefits. Surrender values and withdrawa Aggregate write-ins for miscellar and benefits paid All other benefits, except accide Totals DETAILS OF WRITE-INS | nuities | 16 | | T T | | | | |
| 6.5 Totals (sum of Line 6.1 to 6. Annuities: 7.1 Paid in cash or left on depos 7.2 Applied to provide paid-up a 7.3 Other 7.4 Totals (sum of Lines 7.1 to 7 Grand Totals (Lines 6.5 plus 7.4 DIRECT CLAIMS AND B Death benefits Matured endowments Annuity benefits Surrender values and withdrawa Aggregate write-ins for miscella and benefits paid All other benefits, except accide Totals DETAILS OF WRITE-INS | nuities | | | | | | | |
| 7.1 Paid in cash or left on depos 7.2 Applied to provide paid-up a 7.3 Other 7.4 Totals (sum of Lines 7.1 to 7 Grand Totals (Lines 6.5 plus 7.4 DIRECT CLAIMS AND B Death benefits Matured endowments Annuity benefits Surrender values and withdraws Aggregate write-ins for miscellar and benefits paid All other benefits, except accide Totals DETAILS OF WRITE-INS | NEFITS PAID s for life contracts eous direct claims | V | | | | | | |
| 7.2 Applied to provide paid-up a 7.3 Other 7.4 Totals (sum of Lines 7.1 to 7 Grand Totals (Lines 6.5 plus 7.4 DIRECT CLAIMS AND B Death benefits Matured endowments Annuity benefits Surrender values and withdraws Aggregate write-ins for miscella and benefits paid All other benefits, except accide Totals DETAILS OF WRITE-INS | NEFITS PAID s for life contracts eous direct claims | V | AC | | | | | |
| 7.3 Other | Sinerits PAID s for life contracts eous direct claims | VC |) N | | | ĺ | | |
| Grand Totals (Lines 6.5 plus 7.4 DIRECT CLAIMS AND B Death benefits | s for life contracts | 16 | IA | | | | | |
| DIRECT CLAIMS AND B Death benefits | s for life contracts | V | | | | | | |
| Death benefits | s for life contracts | | | $\langle \cdot \mid \cdot \mid \cdot \mid \cdot \mid \cdot \mid \cdot \mid \cdot \mid \cdot \mid \cdot \mid \cdot $ | | | | |
| Matured endowments | s for life contracts | | | ` | | | | |
| Surrender values and withdrawa Aggregate write-ins for miscella and benefits paid | s for life contracts eous direct claims | | | | | | | |
| Aggregate write-ins for miscella and benefits paid | eous direct claims | · | | | | | | |
| and benefits paid | | | | | | ļ | | |
| All other benefits, except accide Totals DETAILS OF WRITE-INS | t and health | | | | | | | |
| DETAILS OF WRITE-INS | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| 0 (1) 40 (" | | | | | | | | |
| Summary of Line 13 from overfle Totals (Lines 1301 thru 1303 plu | | | | | | | | |
| above) | , 1000) (2 | | | | | | | |
| | | Credit L | ife | | | | | |
| DIRECT DEATH | Ordinary 2 | (Group and In | dividual) 5 | Group 6 | 7 In | dustrial 8 | 9 | Total 10 |
| BENEFITS AND | 2 | No. of | 4 5 | 0 | 1 | 8 | 9 | 10 |
| MATURED ENDOWMENTS | | Ind.Pols. | No. of | | | | | |
| INCURRED N | . Amount | & Gr. Certifs. Ar | nount No. of Certifs. | Amount | No. | Amount | No. | Amount |
| npaid December 31, prior | | | | | | | | |
| curred during current year | | | | | | | | |
| ettled during current year: | | | | | | | | |
| 3.1 By payment in full | | | | | | | | |
| 3.2 By payment on compromised claims | | | | | | | | |
| 3.3 Totals paid | | | | | | | | |
| 3.4 Reduction by | | | | | _ | | | |
| compromise | | | | | | | | |
| 3.6 Total settlements | | | | | | | | |
| npaid Dec. 31, current rear (16+17-18.6) | | | | \ | | | | |
| eai (10+17-10.0) | | | . of | | | | - | |
| POLICY EXHIBIT | | | Policies | | _ | | | |
| force December 31, prior year | | (a) | | | | | | |
| sued during year | | , , | | | | | | |
| ther changes to in force Net) | | | | | | | | |
| force December 31 of | | | | | | | | |
| current year | oe prior year [©] | (a) | ourrent voor ® | | | | <u></u> | <u> </u> |
| udes Individual Credit Life Insura udes Group Credit Life Insurance | | | | | | rent year \$ | | |
| ns greater than 60 months at iss | | • | | | | - | | |
| | | ACCIDENT A | ND HEALTH IN | ISURANCE | | | | |
| | | 1 | 2 | 3 | | 4 | | 5 |
| | | | Direct Premiu | | | | | Direct Losses |
| | | Direct Premium | | Busi | | Direct Losses | Paid | Incurred |
| | | | | | | | | |
| Group Policies (b) | | | | | | <u> </u> | | |
| Group Policies (b) | | | | | | | | |
| Federal Employees Health Bene premium (b) Credit (Group and Individual) | | | | | | | | |
| Federal Employees Health Bene premium (b) | | | _ | | | † | | |
| Federal Employees Health Bene premium (b) Credit (Group and Individual) | | | | | | | | |
| Federal Employees Health Benepremium (b) Credit (Group and Individual) Collectively renewable policies (Medicare Title XVIII exempt from Other Individual Policies: Non-cancelable (b) | state taxes or fees | | | | | <u> </u> | | |
| Federal Employees Health Benepremium (b) Credit (Group and Individual) Collectively renewable policies (Medicare Title XVIII exempt from Other Individual Policies: Non-cancelable (b) | state taxes or fees | | | | | <u> </u> | | |
| Federal Employees Health Bene premium (b) | state taxes or fees s only (b) | | | | | | | |
| Federal Employees Health Benepremium (b) Credit (Group and Individual) Collectively renewable policies (Medicare Title XVIII exempt from Other Individual Policies: Non-cancelable (b) | state taxes or fees s only (b) | | | \ | | I | | |
| Federal Employees Health Bene premium (b) | s only (b) | | | | | | | |
| · | e BUT NOT GREATE | ER THAN 120 MON ACCIDENT AI 1 Direct Premium | ND HEALTH IN 2 Direct Premiur | ISURANCE Dividender Credited | , cur B B Paid Or On Direct | rent year \$ | | |

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|--|---|-------------------------------------|----------------------------|---|------------------------|---------------------------------|-------|-----------------------------|---------------------------------|---------------------------|----------|-----------------------|
| DIRECT BUSINESS IN THE STATE NAIC Group Code 0119 | STATE C |)F Rhode Islar | | | IFE I | NSUR | ANCI | | | NAI | | AR 2017 ode 60052 |
| DIRECT F AND ANNUITY C | | | 1 Ordi | | | 2 dit Life (G nd Individu | | | 3 oup | 4 Indust | rial | 5 Total |
| Life insurance Annuity considerations | | | Oldi | | | | | GI | | 1 | Παι | |
| Deposit-type contract fund Other considerations | s | | | | | XXX | | | | xx> | C | |
| 5. Totals (Sum of Lines 1 to 4 | 1) | | | | | | | | | | | |
| Life insurance: 6.1 Paid in cash or left on 6.2 Applied to pay renewal 6.3 Applied to provide paid the endowment or pre 6.4 Other. 6.5 Totals (sum of Line 6.1 Annuities: 7.1 Paid in cash or left on 7.2 Applied to provide paid 7.3 Other. 7.4 Totals (sum of Lines 7 B. Grand Totals (Lines 6.5 pl) DIRECT CLAIMS A 9. Death benefits. 10. Matured endowments. 11. Annuity benefits. 12. Surrender values and with 13. Aggregate write-ins for mis and benefits paid. 14. All other benefits, except a 15. Totals DETAILS OF WRITE-INS 1301. 1302. 1303. 1398. Summary of Line 13 from 6.3 | premiums l-up additic mium-payi to 6.4) deposit l-up annuit 1 to 7.3) s 7.4) ND BENE drawals for scellaneous ccident an | ies | | | | | | | | | | |
| 1399. Totals (Lines 1301 thru 13 above) | 03 plus 13 | 98) (Line 13 | | | | | | | | | | |
| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior | 1 No. | Ordinary 2 Amount | | Credit Life and Individ 4 Amou | | 5 No. of Certifs. | Group | p 6 .mount | 7 No. | Industrial 8 Amount | 9 No. | Total 10 Amount |
| year | | | | | | N | | | | | | |
| year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, prior | | | | L | | . of Policies | | | | | | |
| year21. Issued during year | | | | (a) | | <u> </u> | | | | | | |
| 22. Other changes to in force (Net) | | | | | | | | | | | | |
| In force December 31 of current year (a) Includes Individual Credit Life I Includes Group Credit Life Insu Loans greater than 60 months | rance Loa | ns less than or ed UT NOT GREATI | qual to 60 m ER THAN 12 | onths at iss 20 MONTH | sue, prior S, prior | or year \$ year \$ | | | , c | current year \$ | | |
| | | | ACCIDEN | | | 2 ect Premi | | Dividend | 3 Is Paid Or On Direct | | | 5 Direct Losses |
| 24. Group Policies (b) | Benefits F al) cies (b) t from stat | te taxes or fees | Direct Pr | |) | Earned | | | iness | Direct Loss | ses Paid | Incurred |
| 24.1 Federal Employees Health premium (b) | Benefits F al) cies (b) ot from state easons or 20 25.5) 24.2 + 24.3 cated lines | te taxes or fees lly (b) | Direct Pr | remiums |) | ect Premi Earned | | Dividenc Credited Bus | s Paid Or On Direct iness | Direct Loss | | |

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|--|--|---|--------------|---|-----------|---------------------------------|----------|------------------|----------------------------------|---------------------------|------------|--------------------------|----|
| DIRECT BUSINESS IN THE NAIC Group Code 0119 | STATE C | F South Caro | | | ĮFE II | NSUR | ANCI | | | NAIC | | YEAR 2017 y Code 600 | |
| DIRECT F AND ANNUITY C | PREMIUMS | | 1 Ordi | | | 2 dit Life (G nd Individu | | | 3 oup | 4 Industria | al | 5 Total | |
| Life insurance Annuity considerations | | | Oldi | | | | | GI | | | | | |
| Deposit-type contract fund Other considerations | ls | | | | - | XXX | | | | xxx | | | |
| 5. Totals (Sum of Lines 1 to a | 4) | | | | | | | | | | | | |
| Life insurance: 6.1 Paid in cash or left on 6.2 Applied to pay renewa 6.3 Applied to provide paid the endowment or pre 6.4 Other 6.5 Totals (sum of Line 6. Annuities: 7.1 Paid in cash or left on 7.2 Applied to provide paid 7.3 Other 7.4 Totals (sum of Lines 7. 8. Grand Totals (Lines 6.5 pl DIRECT CLAIMS A 9. Death benefits 10. Matured endowments 11. Annuity benefits 12. Surrender values and with 13. Aggregate write-ins for mid and benefits paid 14. All other benefits, except a service of the ser | deposit I premiums d-up additic mium-payi 1 to 6.4) deposit d-up annuit 1 to 7.3) us 7.4) ND BENEI | FITS PAID Fife contracts s direct claims d health | | | | | | | | | | | |
| 1399. Totals (Lines 1301 thru 13 above) | | | | | | | | | | | | | |
| DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior | 1 No. | Ordinary 2 Amount | | Credit Life and Individ 4 Amou | | 5 No. of Certifs. | Group | p 6 .mount | 7 No. | Industrial 8 Amount | 9 No. | Total 10 Amour | nt |
| year | | | | | | N | | | | | | | |
| year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, prior | | | | | | . of Policies | | | | | | | |
| year21. Issued during year | | | | (a) | | | | | | | | | |
| 22. Other changes to in force (Net) | | | | | | | | | | | | | |
| In force December 31 of current year (a) Includes Individual Credit Life I Includes Group Credit Life Insu Loans greater than 60 months | urance Loa | ns less than or ed | qual to 60 m | onths at iss | sue, prio | or year \$ | | | , c | urrent year \$ | | | |
| | | | ACCIDEN | | HEA | LTH II | NSUF | | 3 | 4 | | 5 | |
| 24. Group Policies (b) | n Benefits F ual) licies (b) pt from stat | e taxes or fees | Direct Pr | | Dire | ect Premin Earned | ums | Credited | ls Paid Or On Direct iness | | s Paid | Direct Losse Incurred | 98 |
| 25.5 All other (b) | to 25.5) 24.2 + 24.3 cated lines | + 24.4 + 25.6) report: Number | • | nsured und | er PPO | managed | d care p | products | | an | d number o | of persons | |



| SI DIRECT BUSINESS IN THE NAIC Group Code 0119 | | | | | | HE H | | | efit Plan | _ | NG THE | YEAR 2017 ny Code 60052 |
|--|---|-------------------|--------------------------------|-------------|-----------|-------------------------------|----------|---------|----------------|----------------|--------|----------------------------|
| , | PREMIUMS | | Ordi | | Cred | 2 it Life (G I Individu | roup | (| 3 oup | 4 Industria | | 5 Total |
| Life insurance Annuity considerations Deposit-type contract fund | | | Oldi | | | XXX | | | | XXX | | Total |
| Other considerations Totals (Sum of Lines 1 to DIRECT DIVIDENDS | 4) | | | | | | | | | | | |
| Life insurance: 6.1 Paid in cash or left on 6.2 Applied to pay renewe 6.3 Applied to provide pai the endowment or pre 6.4 Other 6.5 Totals (sum of Line 6. | al premiums d-up addition emium-payir | ns or shorten | | | | | | | | | | |
| Annuities: 7.1 Paid in cash or left on 7.2 Applied to provide pai | depositd-up annuiti | es | | | | | | | | | | |
| 7.3 Other | 7.1 to 7.3) lus 7.4) | | | | | Λ | | | | | | |
| 9. Death benefits 10. Matured endowments 11. Annuity benefits 12. Surrender values and with | ndrawals for | life contracts | - 1 | | | | • | | | | | |
| Aggregate write-ins for mi and benefits paid All other benefits, except 15. Totals DETAILS OF WRITE-INS | accident and | | | | | | | | | | | |
| 1301. 1302. 1303. 1398. Summary of Line 13 from | | | | | | | | | | | | |
| 1399. Totals (Lines 1301 thru 13 above) | 303 plus 139 | 98) (Line 13 | | Credit Life | | | | | | | | |
| DIRECT DEATH BENEFITS AND | 1 | Ordinary 2 | | and Individ | lual) | 5 | Group | 6 | 7 | ndustrial 8 | 9 | Total 10 |
| MATURED ENDOWMENTS INCURRED 16. Unpaid December 31, prior year | No. | Amount | Ind.Pols. & Gr. Certifs. | Amour | nt | No. of Certifs. | Aı | mount | No. | Amount | No. | Amount |
| 17. Incurred during current year Settled during current year: 18.1 By payment in full 18.2 By payment on compromised claims | | | | | | | | | | | | |
| 18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements | | | | | | A | | | | | | |
| 19. Unpaid Dec. 31, current year (16+17-18.6) POLICY EXHIBIT | | | 1 | L | | . of | | | | | | |
| 20. In force December 31, prior year21. Issued during year | | | | (a) | | i olicies | | | | | | |
| Other changes to in force (Net) In force December 31 of current year | | | | (a) | | | | | | | | |
| (a) Includes Individual Credit Life Includes Group Credit Life Ins Loans greater than 60 months | urance Loar | s less than or eq | jual to 60 m | | ue, prior | year \$ | | | , cu | rrent year \$ | | |
| | | A | | NT AND | HEA | 2 2 | NSUF | ; | 3 s Paid Or | 4 | | 5 |
| 24. Group Policies (b) | | | Direct P | remiums | Dire | ct Premi Earned | ums | | On Direct | Direct Losses | Paid | Direct Losses Incurred |
| 24.1 Federal Employees Healt premium (b) | ual) licies (b) | | | | | | | | | | | |
| Other Individual Policies: 25.1 Non-cancelable (b) |) reasons onl | y (b) | | | | Λ | | | | | | |
| 25.4 Other accident only | to 25.5) 24.2 + 24.3 | + 24.4 + 25.6) | V | | | | 1 | | | | | |
| (b) For health business on ind | icated lines | report: Number of | of persons i | nsured unde | er PPO i | managed | d care p | roducts | | and | number | of persons |

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insured under indemnity only products



| DIRECT BUSINESS IN THE STATE OF Tennessee NAIC Group Code 0119 |) | L | IFE IN | ISUR/ | ANCE | . | | | | YEAR 2017 y Code 60052 |
|---|---------------------|---------------|--------------|----------------|-------------|----------|-----------------|---------------|------------|---------------------------|
| DIRECT PREMIUMS | | 1 | | 2 t Life (G | | | 3 | 4 | Compan | 5 |
| AND ANNUITY CONSIDERATIONS | Ord | inary | | Individu | | Gre | oup | Industria | ı | Total |
| Life insurance | | | | | | | | | | |
| Deposit-type contract funds | | | | XXX | | | | XXX | | |
| Other considerations Totals (Sum of Lines 1 to 4) | | | | | | | | | | |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | | | | | + | |
| Life insurance: | | | | | | | | | | |
| 6.1 Paid in cash or left on deposit | | | | | | | | | | |
| 6.3 Applied to provide paid-up additions or shorten | | | | | | | | | | |
| the endowment or premium-paying period 6.4 Other | | | | | | | | | | |
| 6.5 Totals (sum of Line 6.1 to 6.4) | | | | | | | | | | |
| Annuities: 7.1 Paid in cash or left on deposit | | | | | | | | | | |
| 7.2 Applied to provide paid-up annuities | | | | | | | | | | |
| 7.3 Other 7.4 Totals (sum of Lines 7.1 to 7.3) | \ | | | | | | | | | |
| 8. Grand Totals (Lines 6.5 plus 7.4) | | | | | | | | | | |
| DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits | V | | | | М | | | | | |
| 10. Matured endowments | | | | | | | | | | |
| Annuity benefits Surrender values and withdrawals for life contracts | | | | | | | | | | |
| 13. Aggregate write-ins for miscellaneous direct claims | | | † | | | | | † | | |
| and benefits paid | | | | | | | | | | |
| 15. Totals | | | | | | | | | | |
| DETAILS OF WRITE-INS | | | | | | | | | | |
| 1301. 1302. | | | | | | | | | | |
| 1303 | | | | | | | | <u> </u> | | |
| 1398. Summary of Line 13 from overflow page | | | | | | | | | | |
| above) | | | | | | | | | | |
| Ordinan | | Credit Life | dual) | | Groun | | In | dustrial | | Total |
| DIRECT DEATH 1 2 | 3 | p and Individ | Juai) | 5 | Group | 6 | 7 | dustrial 8 | 9 | Total 10 |
| BENEFITS AND MATURED | No. of Ind.Pols. | | | | | | | | | |
| ENDOWMENTS INCURRED No. Amount | & Gr. | A | | No. of | | | No | A manuat | No | Amount |
| INCURRED No. Amount 16. Unpaid December 31, prior | Certifs. | Amou | nı (| Certifs. | А | mount | No. | Amount | No. | Amount |
| year | | | | | | | | | | |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | | | | | | | | | | |
| compromised claims | | | | | | | | | | |
| 18.3 Totals paid | | | | | | | | | | |
| compromise | \ | | | | | | | | | |
| 18.6 Total settlements | | | | 7 / | | | | | | |
| 19. Unpaid Dec. 31, current year (16+17-18.6) | | | | | | | | | | |
| | | | | . of | | | | | | |
| POLICY EXHIBIT 20. In force December 31, prior | | | F | Policies | | | | | | |
| year | | .(a) | | | <u> </u> | | | | ļ | |
| 21. Issued during year | | <u> </u> | | | | | † | | - | |
| (Net) | | | | | | | | | | |
| current year | | (a) | | | | | | | | |
| (a) Includes Individual Credit Life Insurance prior year \$ Includes Group Credit Life Insurance Loans less than or e | gual to 60 m | | | | | | , cui | rent vear \$ | | |
| Loans greater than 60 months at issue BUT NOT GREAT | • | | | • | | | , cui | - | | |
| | ACCIDE | NT AND | HEAL | II HT. | NSUF | RANCE | | | | |
| | | 1 | | 2 | | | 3 Is Paid Or | 4 | | 5 |
| | | | | t Premiu | ums | | On Direct | | | Direct Losses |
| 24. Group Policies (b) | Direct P | remiums | | Earned | | Busi | iness | Direct Losses | Paid | Incurred |
| 24.1 Federal Employees Health Benefits Plan | | | <u> </u> | | | | | | | |
| premium (b) | | | 1 | | | L | | <u> </u> | | |
| 24.3 Collectively renewable policies (b) | | | | | | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies: | | | | | | | | | | |
| 25.1 Non-cancelable (b) | \ | | | 1 | | | | | | |
| 25.2 Guaranteed renewable (b) | | | 18 | | · [] | | | | | |
| 25.4 Other accident only | | | | | <u> </u> | | | | | |
| 25.5 All other (b) | | | | | 4 | | | _ | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | <u> </u> | | | | | | | <u> </u> | | |
| (b) For health business on indicated lines report: Number | of persons | insured unde | er PPO n | nanageo | care p | roducts | | and | l number o | of persons |



SUPPLEMENT FOR THE YEAR 2017 OF THE HI

| DIRECT BUSINESS IN THE STA NAIC Group Code 0119 | TE OF Texas | | | IFE I | NSUR <i>A</i> | ANCE | | | _ | | EAR 2017 Code 60052 |
|--|----------------------|--------------------|----------------------------|-----------|----------------------------------|--------|------------------|-------------------|-----------------|-----------|---------------------------|
| DIRECT PREM AND ANNUITY CONS | SIDERATIONS | Ord | nary | | 2 dit Life (Gi nd Individu | | | oup | 4 Industrial | I | 5 Total |
| Life insurance Annuity considerations | | | | | | | | | | | |
| Deposit-type contract funds Other considerations | | - | | | XXX | | | | | | |
| 5. Totals (Sum of Lines 1 to 4) | | - | | | | | | | | | |
| DIRECT DIVIDENDS TO F Life insurance: | POLICYHOLDERS | | | | | | | | | | |
| 6.1 Paid in cash or left on depo | osit | - | | | | | | | | | |
| 6.2 Applied to pay renewal prer | | | | | | | | | | | |
| the endowment or premiun | n-paying period | | | | | | | | | | |
| 6.4 Other 6.5 Totals (sum of Line 6.1 to 6 | | | | | | | | | | | |
| Annuities: | • | | | | | | | | | | |
| 7.1 Paid in cash or left on depo 7.2 Applied to provide paid-up a | | | | | | | | | | | |
| 7.3 Other | | | | | | | | | | | |
| 8. Grand Totals (Lines 6.5 plus 7. | .4) | | | | | | | | | | |
| DIRECT CLAIMS AND E | | W | | | | | | | | | |
| Death benefits Matured endowments | | | | | | 1 | | | | | |
| 11. Annuity benefits | | II . | | | | | | | | | |
| 12. Surrender values and withdraw13. Aggregate write-ins for miscella | aneous direct claims | | | | | | | | | | |
| and benefits paid | | | | ļ | | | | | | | |
| 15. Totals | on and nounn | - | | | | | | | | | |
| DETAILS OF WRITE-INS 1301. | | | | | | _ | | | | | |
| 1302. | | | | | | | | | | | |
| 1303 1398. Summary of Line 13 from overf | | | | | | | | | | | |
| 1399. Totals (Lines 1301 thru 1303 pl | | | | | | | | | | | |
| above) | | 1 | 0 131136 | | | | | | | | |
| | Ordinary | (Group | Credit Life and Individ | dual) | | Group | | | Industrial | | Total |
| DIRECT DEATH BENEFITS AND | 1 2 | No. of | 4 | | 5 | | 6 | 7 | 8 | 9 | 10 |
| MATURED ENDOWMENTS | | Ind.Pols. & Gr. | | | No. of | | | | | | |
| INCURRED | No. Amount | Certifs. | Amou | nt | Certifs. | Α | mount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior year | | | | | | | | | | | |
| 17. Incurred during current year Settled during current year: | | | | | | | | | | | |
| 18.1 By payment in full | | | | | | | | | | | |
| 18.2 By payment on compromised claims | | | | | | | | | | | |
| 18.3 Totals paid | | | | | | | | | | | |
| 18.4 Reduction by compromise | | | | | | | | | | | |
| 100 T 1 1 111 1 | | | | | | | | | | | |
| 19. Unpaid Dec. 31, current | | | | | | 7 - | | | | | |
| year (16+17-18.6) | | | | / | . of | T | | | | | |
| POLICY EXHIBIT 20. In force December 31, prior | _ | | | | Policies | | | | | | |
| year | | | (a) | | ļ | | | | | | - |
| 21. Issued during year22. Other changes to in force | | | | | | | | | | | |
| (Net)23. In force December 31 of | | | | | | | | | | | |
| current year | anno priez vec - A | | (a) | OI 1844 , | voc: [©] | | | | | | |
| (a) Includes Individual Credit Life Insura Includes Group Credit Life Insuranc | | equal to 60 m | | | • | | | , C | urrent year \$ | | |
| Loans greater than 60 months at iss | sue BUT NOT GREA | | | • | • | | | , C | urrent year \$ | | |
| | | ACCIDE | NT AND | HEA | ALTH IN | NSUF | | 3 | 4 | | 5 |
| | | | 1 | | _ | | Dividend | s Paid Or | | | - |
| | | Direct P | remiums | Dire | ect Premiu Earned | ıms | Credited Busi | On Direct ness | Direct Losses | Paid | Direct Losses Incurred |
| 24. Group Policies (b) | | - | | <u> </u> | | | | | | | |
| premium (b) | | | | | | | | | | | |
| 24.2 Credit (Group and Individual) 24.3 Collectively renewable policies | | | | ļ | | | | | | | |
| 24.4 Medicare Title XVIII exempt fro | * * | | | | | | | | | | |
| Other Individual Policies: 25.1 Non-cancelable (b) | | | | | | | | | | | |
| 25.2 Guaranteed renewable (b) | | | | | | | | | | | |
| 25.3 Non-renewable for stated reason 25.4 Other accident only | ons only (b) | | | | 17 | | | | | | |
| 25.5 All other (b) | | | | | | | | | | | |
| 25.6 Totals (sum of Lines 25.1 to 25 | • | | | | | | | | | | |
| 26. Totals (Lines 24 + 24.1 + 24.2 + 24.1) For health business on indicated | | r of persons i | nsured unde | er PPO |) managed | care c | roducts | | and | number of | persons |

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insured under indemnity only products



| IRECT BUSINESS IN THE S AIC Group Code 0119 | | . Jamont | | | IFE II | NSUR/ | ANCE | | | NAIC | | YEAR 2 ny Code | 6005 |
|---|-------------------------|---------------|---------------------|------------------------------|--------------|---------------------------------|--------------|----------|-----------------|----------------|---------|-------------------|---------|
| DIRECT F AND ANNUITY C | PREMIUMS CONSIDERA | | | 1 inary | | 2 dit Life (Gr d Individu | | | 3 roup | 4 Industri | ial | 5 Tot | |
| Life insurance | | | | | | | | | | industi | | | <u></u> |
| Annuity considerations Deposit-type contract fund | | | | | T | | | | | | | | |
| Deposit-type contract fund Other considerations | | | | | | XXX | | | | | | | |
| 5. Totals (Sum of Lines 1 to | 4) | | | | | | | | | | | | |
| DIRECT DIVIDENDS | TO POLICY | YHOLDERS | | | | | | | | | | | |
| Life insurance: 6.1 Paid in cash or left on | denosit | | | | | | | | | | | | |
| 6.2 Applied to pay renewal | | | | | | | | | | | | | |
| 6.3 Applied to provide paid | d-up addition | ns or shorten | | | | | | | | | | | |
| the endowment or pre 6.4 Other | mium-payin | ig period | | | | | | | | | | | |
| 6.5 Totals (sum of Line 6.1 | I to 6.4) | | | | | | | | | | | | |
| Annuities: | | | | | | | | | | | | | |
| 7.1 Paid in cash or left on7.2 Applied to provide paid | aeposit I-un annuiti | es | | | | | | | | | | | |
| 7.3 Other | | | | | | | | | | | | | |
| 7.4 Totals (sum of Lines 7 | , | | | | | | | | | | | | |
| 8. Grand Totals (Lines 6.5 pl | , | ITC DAID | | - | | \blacksquare | + | | | | | | |
| 9. Death benefits | | - | 74 | | | II 7 | | | | | | | |
| 0. Matured endowments | | | | | | | | | | | | | |
| 11. Annuity benefits | | ľ | | | | | | | | | | | |
| Surrender values and with Aggregate write-ins for mis | | | L | | t | | | <u> </u> | | | | | |
| and benefits paid | | | | | | | | | | | | | |
| All other benefits, except a Totals | ccident and | t health | | | | | | | | | | | |
| DETAILS OF WRITE-INS | | | | | | | | | | | | | |
| 301 | | | | | ļ | | | | | | | | |
| 302. | | | | | | | | | | | | | |
| 303 398. Summary of Line 13 from (| overflow pa | | | | | | | | | | | | |
| 399. Totals (Lines 1301 thru 13 | | | | | | | | | | | | | |
| above) | | | | | | | | | | | | | |
| | (| Ordinary | | Credit Life p and Individ | dual) | | Group | n | l l | ndustrial | | Total | |
| DIRECT DEATH | 1 | 2 | 3 | 4 | auui, | 5 | Group | 6 | 7 | 8 | 9 | Total | 10 |
| BENEFITS AND MATURED | | | No. of Ind.Pols. | | | | | | | | | | |
| ENDOWMENTS | | | & Gr. | | | No. of | | | | | | | |
| INCURRED 6. Unpaid December 31, prior | No. | Amount | Certifs. | Amou | nt | Certifs. | Α | mount | No. | Amount | No. | Ar | mount |
| year | | | | | | | | | | | | | |
| Incurred during current year Settled during current year: | <u> </u> | I | | | | | | | | | | | |
| 18.1 By payment in full | | | | | | | | | | | | | |
| 18.2 By payment on | | | | | | | | | | | | | |
| compromised claims 18.3 Totals paid | | | | | | | | | | | | | |
| 18.4 Reduction by | | | | | | | | | | | | | |
| compromise 18.5 Amount rejected | | | \ | | | · \- | | | | | | | |
| 18.6 Total settlements | | | | | | 77 | | | | | | | |
| O. Unpaid Dec. 31, current | | | | | | | | | | | | | |
| year (16+17-18.6) | | | - 1 | | | . of | | | | | | | |
| POLICY EXHIBIT | | _ | | | | Policies | | | | | | | |
| In force December 31, prior year | | | | (a) | | | | | | | | | |
| Issued during year | | | | / | | | | | | | | | |
| Other changes to in force (Net) | | | | | | | | | | | | | |
| 3. In force December 31 of | | | | | | | | | T | | | | |
| current year Includes Individual Credit Life I | neurance a | rior vear ¢ | | (a), (| Current | vear ¢ | | | | | | | |
| Includes Individual Credit Life Insu | | | | | | • | | | | ırrent year \$ | | | |
| Loans greater than 60 months | at issue BU | JT NOT GREATE | ER THAN 1 | 20 MONTHS | S, prior | year \$ | | | | | | | |
| | | | CCIDE | NT AND | HEA | LTH IN | <u>NSU</u> F | RANCE | | | | | |
| | | | | 1 | | 2 | | | 3 ds Paid Or | 4 | | 5 | j |
| | | | | | Dire | ect Premiu | ıms | | On Direct | | | Direct L | osses |
| 4 Group Policies /h\ | | | Direct P | remiums | | Earned | | Bus | siness | Direct Losse | es Paid | Incur | rred |
| Group Policies (b) Federal Employees Health | | | | | <u> </u> | | | | | <u> </u> | | | |
| premium (b) | | | | | _ | | | | | | | | |
| 4.2 Credit (Group and Individu4.3 Collectively renewable pol | | | | | | | | | | | | | |
| 4.4 Medicare Title XVIII exemp | | | | | | | | | | | | | |
| • | | | | | | _ | | | - | | T | | |
| Other Individual Policies: | | | \- | | 3 | - - | ∭ | | | | | | |
| 5.1 Non-cancelable (b) | | | | | | | | | | ì | | | |
| 5.1 Non-cancelable (b) 5.2 Guaranteed renewable (b) |) | | | | | | | | | | | | |
| Other Individual Policies: 5.1 Non-cancelable (b) 5.2 Guaranteed renewable (b) 5.3 Non-renewable for stated 5.4 Other accident only | reasons onl | ly (b) | | | | | | | | | | | |
| 5.1 Non-cancelable (b) | reasons onl | ly (b) | V | | | | | | | | | | |
| 5.1 Non-cancelable (b) | reasons onl | ly (b) | | | | | | | | | | | |

LS206.VT



SUPPLEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

| NAIC Group Code 0119 | STATE O | r viigiilia | | L | IFE II | NSURA | NCE | | | _ | | /EAR 2017 Code 60052 |
|--|--|---|---------------------------|------------------------------|----------------------|----------------------------------|-------|--------------------------|------------------------------|----------------|----------|--------------------------|
| AND ANNUITY (| | ATIONS | | 1 inary | | 2 dit Life (Gr d Individua | | | 3 oup | 4 Industria | al | 5 Total |
| Life insurance Annuity considerations | | | | | | | | | | | | |
| Deposit-type contract fund | | | | | | XXX | | | | | | |
| 4. Other considerations | | | | | | | | | | | | |
| 5. Totals (Sum of Lines 1 to DIRECT DIVIDENDS | | YHOLDERS | | | | | | | | | | |
| Life insurance: | | | | | | | | | | | | |
| 6.1 Paid in cash or left on | | | | | | | | | | | | |
| 6.2 Applied to pay renewa 6.3 Applied to provide pai | • | i i | | | | | | | | | | |
| the endowment or pre | emium-payir | ng period | | | | | | | | | | |
| 6.4 Other 6.5 Totals (sum of Line 6. | | | | | | | | | | | | |
| Annuities: | • | | | | | | | | | | | |
| 7.1 Paid in cash or left on | | | | | | | | | | | | |
| 7.2 Applied to provide pai | | | | | | | | | | | | |
| 7.4 Totals (sum of Lines 7 | | | | | | | | | | | | |
| 8. Grand Totals (Lines 6.5 p | | ITS DAID | | | | - | | | | | | |
| 9. Death benefits | | | | | | | | | | | | |
| 10. Matured endowments | | | | | | | | | | | | |
| 11. Annuity benefits 12. Surrender values and with | | | | | | | | | | | | |
| 13. Aggregate write-ins for mi | iscellaneous | direct claims | | | t | | | L | | | | |
| and benefits paid | | | | | | | | | | | | |
| 15. Totals | accident and | | | | t | | | | | | | |
| DETAILS OF WRITE-INS | | | | | | | | | | | | |
| 1301. 1302. | | | | | | | | | | | | |
| 1303. | | | | | | | | | | | | |
| 1398. Summary of Line 13 from | overflow pa | ge | | | | | | | | | | |
| 1399. Totals (Lines 1301 thru 13 above) | 303 plus 139 | 98) (Line 13 | | | | | | | | | | |
| | | | | Credit Life | | | | | | 1 | <u> </u> | |
| | | Ordinary | (Group | and Individ | dual) | | Group | | | Industrial | | Total |
| DIRECT DEATH BENEFITS AND | 1 | 2 | 3 No. of | 4 | | 5 | | 6 | 7 | 8 | 9 | 10 |
| MATURED | | | Ind.Pols. | | | | | | | | | |
| ENDOWMENTS INCURRED | No. | Amount | & Gr. Certifs. | Amou | nt | No. of Certifs. | A | mount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior | | | | | | | | | | | | |
| year 17. Incurred during current year | | | | | | | | | | | | |
| Settled during current year: | | | | | | | | | | | | |
| 18.1 By payment in full | | | | | | | | | | | | |
| 18.2 By payment on | | | | | | | | | | | | |
| compromised claims. | | | | | | | | | | | | |
| 18.3 Totals paid | | | | | | | | | | | | |
| | - | | | | | | | | | | | |
| 18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected | - | | | | | | | | | | | |
| 18.3 Totals paid | - | | | | | N | | | | | | |
| 18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected | - | | | | | N | | | | | | |
| 18.3 Totals paid | - | | V | | | . of Policies | | | | | | |
| 18.3 Totals paid | | | | | | of Policies | | | | | | |
| 18.3 Totals paid | | | | (a) | | | | | | | | |
| 18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, prior year 21. Issued during year 22. Other changes to in force | | | V | (a) | | | | | | | | |
| 18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, prior year 21. Issued during year | | | | (a) | | | | | | | | |
| 18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, prior year 21. Issued during year 22. Other changes to in force (Net) 23. In force December 31 of current year | | | | (a) |) | Policies | | | | | | |
| 18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, prior year 21. Issued during year 22. Other changes to in force (Net) (Net) 23. In force December 31 of current year (a) Includes Individual Credit Life | Insurance p | rior year \$ | | (a), (| | Policies year \$ | | | | urrent vear \$ | | |
| 18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, prior year 21. Issued during year 22. Other changes to in force (Net) 23. In force December 31 of current year | Insurance purance Loar | rior year \$ | ual to 60 m | (a), conths at iss | ue, prio | Policies year \$ r year \$ | | | | urrent year \$ | | |
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| 18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, prior year 21. Issued during year 22. Other changes to in force (Net) (Net) 23. In force December 31 of current year (a) Includes Individual Credit Life Includes Group Credit Life Ins | Insurance purance Loar | rior year \$ | ual to 60 m ER THAN 1 | (a), conths at iss | ue, prio S, prior | year \$ year \$ year \$ | | RANCE | 3 | • | | 5 |
| 18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, prior year 21. Issued during year 22. Other changes to in force (Net) (Net) 23. In force December 31 of current year (a) Includes Individual Credit Life Includes Group Credit Life Ins | Insurance purance Loar | rior year \$ | ual to 60 m ER THAN 1 | (a), (a) onths at iss | HEA | year \$ year \$ year \$ year \$ | ISUF | RANCE Dividend | 3 ds Paid Or | urrent year \$ | | - |
| 18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, prior year 21. Issued during year 22. Other changes to in force (Net) 23. In force December 31 of current year (a) Includes Individual Credit Life Includes Group Credit Life Ins Loans greater than 60 months | Insurance purance Loar | rior year \$si less than or ec | ual to 60 m ER THAN 1. | (a), (a) onths at iss | HEA | year \$ r year \$ year \$ | ISUF | PANCE Dividence Credited | 3 | urrent year \$ | s Paid | 5 Direct Losses Incurred |
| 18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected | Insurance purance Loar | rior year \$ Is less than or ecount NOT GREATE | ual to 60 m ER THAN 1. | (a) (on the at iss 20 MONTHS | HEA | year \$ year \$ year \$ LTH IN 2 | ISUF | PANCE Dividence Credited | 3 ds Paid Or On Direct | urrent year \$ | s Paid | Direct Losses |
| 18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, prior year 21. Issued during year 22. Other changes to in force (Net) Current year (a) Includes Individual Credit Life Includes Group Credit Life Ins Loans greater than 60 months 24. Group Policies (b) 24.1 Federal Employees Healt premium (b) | Insurance p urance Loar at issue BU | rior year \$ Is less than or ecount NOT GREATE A | ual to 60 m ER THAN 1. | (a) (on the at iss 20 MONTHS | HEA | year \$ year \$ year \$ LTH IN 2 | ISUF | PANCE Dividence Credited | 3 ds Paid Or On Direct | urrent year \$ | s Paid | Direct Losses |
| 18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, prior year 21. Issued during year 22. Other changes to in force (Net) 23. In force December 31 of current year (a) Includes Individual Credit Life Includes Group Credit Life Ins Loans greater than 60 months 24. Group Policies (b) 24.1 Federal Employees Healt premium (b) 24.2 Credit (Group and Individited) | Insurance p urance Loar at issue BU | rior year \$sis less than or ed | ual to 60 m ER THAN 1. | (a) (on the at iss 20 MONTHS | HEA | year \$ year \$ year \$ LTH IN 2 | ISUF | PANCE Dividence Credited | 3 ds Paid Or On Direct | urrent year \$ | s Paid | Direct Losses |
| 18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, prior year 21. Issued during year 22. Other changes to in force (Net) Current year (a) Includes Individual Credit Life Includes Group Credit Life Ins Loans greater than 60 months 24. Group Policies (b) 24.1 Federal Employees Healt premium (b) | Insurance p urance Loar at issue BL | rior year \$sis less than or equit NOT GREATE | ual to 60 m ER THAN 1. | (a) (on the at iss 20 MONTHS | HEA | year \$ year \$ year \$ LTH IN 2 | ISUF | PANCE Dividence Credited | 3 ds Paid Or On Direct | urrent year \$ | s Paid | Direct Losses |
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| 18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, prior year 21. Issued during year 22. Other changes to in force (Net) 23. In force December 31 of current year (a) Includes Individual Credit Life Includes Group Credit Life Includes Gr | Insurance purance Loar at issue BL h Benefits Fual) | rior year \$ | ual to 60 m ER THAN 1. | (a) (on the at iss 20 MONTHS | HEA | year \$ year \$ year \$ LTH IN 2 | ISUF | PANCE Dividence Credited | 3 ds Paid Or On Direct | urrent year \$ | s Paid | Direct Losses |
| 18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, prior year 21. Issued during year 22. Other changes to in force (Net) 23. In force December 31 of current year (a) Includes Individual Credit Life Includes Group Credit Life Ins Loans greater than 60 months 24. Group Policies (b) 24.1 Federal Employees Healt premium (b) 24.2 Credit (Group and Individ) 24.3 Collectively renewable po 24.4 Medicare Title XVIII exem Other Individual Policies: 25.1 Non-cancelable (b) 25.2 Guaranteed renewable (b) | Insurance purance Loar at issue BL licies (b) | rior year \$ | ual to 60 m ER THAN 1. | (a) (on the at iss 20 MONTHS | HEA | year \$ year \$ year \$ LTH IN 2 | ISUF | PANCE Dividence Credited | 3 ds Paid Or On Direct | urrent year \$ | s Paid | Direct Losses |
| 18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, prior year 21. Issued during year 22. Other changes to in force (Net) 23. In force December 31 of current year (a) Includes Individual Credit Life Includes Group Credit Life Ins Loans greater than 60 months 24. Group Policies (b) 24.1 Federal Employees Healt premium (b) 24.2 Credit (Group and Individi 24.3 Collectively renewable po 24.4 Medicare Title XVIII exem Other Individual Policies: 25.1 Non-cancelable (b) 25.2 Guaranteed renewable (b 25.3 Non-renewable for stated 25.4 Other accident only | Insurance purance Loar at issue BU th Benefits Fual) licies (b) pt from state reasons on | rior year \$ Is less than or ecut NOT GREATE Ilan e taxes or fees | ual to 60 m ER THAN 1. | (a) (on the at iss 20 MONTHS | HEA | year \$ year \$ year \$ LTH IN 2 | ISUF | PANCE Dividence Credited | 3 ds Paid Or On Direct | urrent year \$ | s Paid | Direct Losses |
| 18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, prior year 21. Issued during year 22. Other changes to in force (Net) 23. In force December 31 of current year (a) Includes Individual Credit Life Includes Group Credit Life Ins Loans greater than 60 months 24. Group Policies (b) 24.1 Federal Employees Healt premium (b) 24.2 Credit (Group and Individi 24.3 Collectively renewable po 24.4 Medicare Title XVIII exem Other Individual Policies: 25.1 Non-cancelable (b) 25.2 Guaranteed renewable (b 25.3 Non-renewable for stated 25.4 Other accident only 25.5 All other (b) | Insurance p urance Loar at issue BL h Benefits F ual) | rior year \$ | ual to 60 m ER THAN 1. | (a) (on the at iss 20 MONTHS | HEA | year \$ year \$ year \$ LTH IN 2 | ISUF | PANCE Dividence Credited | 3 ds Paid Or On Direct | urrent year \$ | s Paid | Direct Losses |
| 18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid Dec. 31, current year (16+17-18.6) POLICY EXHIBIT 20. In force December 31, prior year 21. Issued during year 22. Other changes to in force (Net) 23. In force December 31 of current year (a) Includes Individual Credit Life Includes Group Credit Life Ins Loans greater than 60 months 24. Group Policies (b) 24.1 Federal Employees Healt premium (b) 24.2 Credit (Group and Individi 24.3 Collectively renewable po 24.4 Medicare Title XVIII exem Other Individual Policies: 25.1 Non-cancelable (b) 25.2 Guaranteed renewable (b 25.3 Non-renewable for stated 25.4 Other accident only | h Benefits F ual) | rior year \$ | ual to 60 m ER THAN 1. | (a) (on the at iss 20 MONTHS | HEA | year \$ year \$ year \$ LTH IN 2 | ISUF | PANCE Dividence Credited | 3 ds Paid Or On Direct | urrent year \$ | s Paid | Direct Losses |

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|-----------------------------------|---|-------------|--------------------|---------------------|------------------------------|--------------|---------------------------------------|--------------|--------------|-----------------|----------------|--------|-------------------|
| NAIC Group C | ode 0119 | | | | 1 | IFE I | 2 | ANCI | | 3 | NAIC 4 | Compan | y Code 60052 5 |
| | DIRECT F AND ANNUITY C | PREMIUMS | | Ord | linary | | dit Life (G | | Gr | oup | Industria | | Total |
| | rance | | | Olu | ınary | aı | ia iriaiviai | iai) | Gi | | industria | ļi | TOTAL |
| | considerations | | | | | | | | | | | | |
| | type contract fund nsiderations | | | | | | XXX | | | | XXX | | |
| | Sum of Lines 1 to | | | I | | | | | † | | | | |
| | CT DIVIDENDS | | YHOLDERS | | | | | | | | | | |
| Life insu | | | | | | | | | | | | | |
| 6.1 Paid | in cash or left on ed to pay renewa | deposit | | | | | | | | | | | |
| | ed to pay renewa ed to provide paid | | | | | | | | | | | | |
| the e | endowment or pre | mium-payi | ng period | | | | | | | | | | |
| | rs (sum of Line 6.1 | | | | | | | | | | | | |
| Annuities | , | 1 10 0.4) | | I | | | | | | | | | |
| | in cash or left on | • | F | | | | | | | | | | |
| | ed to provide paid | | | | | | | | | | | | |
| | rs (sum of Lines 7 | | | \ | | | | | | | | | |
| | otals (Lines 6.5 pl | | | | | | | | | | | | |
| | RECT CLAIMS A | | | | | | | | | | | | |
| | enefits | | | | | J | | | | | | | |
| | endowments benefits | | r | | | | | | | | | | |
| , | er values and with | | ľ | | | | | | | | | | |
| | te write-ins for mis | | | | | | | | | | | | |
| | nefits paidbenefits, except a | | | | | | | | | | | | |
| 15. Totals | | | | | | | | | <u> </u> | | <u> </u> | | |
| | OF WRITE-INS | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| 1303. | | | | | | | | | | | | | |
| 1398. Summar | y of Line 13 from | overflow pa | age | | | | | | | | | | |
| 1399. Totals (L above) | ines 1301 thru 13 | 03 plus 13 | 98) (Line 13 | | | | | | | | | | |
| above | | I | | | | | ı | | . | | | | |
| | | | Ordinary | | Credit Life p and Individ | lual) | | Grou | n | 1 | ndustrial | | Total |
| | CT DEATH | 1 | 2 | 3 | 4 | , | 5 | | 6 | 7 | 8 | 9 | 10 |
| | EFITS AND ATURED | | | No. of Ind.Pols. | | | | | | | | | |
| END | OWMENTS | | | & Gr. | | | No. of | | | | | | |
| | CURRED | No. | Amount | Certifs. | Amour | nt | Certifs. | Α | mount | No. | Amount | No. | Amount |
| | cember 31, prior | | | | | | | | | | | | |
| 17. Incurred du | ring current year | | | | | | | | | | | | |
| | ng current year: ment in full | | | | | | | | | | | | |
| 18.2 By pay | | * | | | | | | | | | | | |
| | promised claims | | | | | | | | | | | | |
| 18.3 Totals 18.4 Reduc | paid tion by | | | | | | + | | | | | + | |
| comp | oromise | | | | | | | | | | | | |
| | nt rejected | | | A | | | | | | | | | |
| 19. Unpaid Dec | settlements | | | ** | | | + 3 - 7 | - | | | | | |
| year (16+ | | | | 74 | | | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | | | | | | |
| POL I | CY EXHIBIT | | | | | | Policies | | | | | | |
| | cember 31, prior | | | | | | , olicies | 1 | | | | | |
| | ng year | | | | .(a) | | + | | | | | + | |
| 21. Issued duri 22. Other chan | ng year ges to in force | | | | | | † | † | | † | | - | |
| | | | | | | | | | | | | | |
| 23. In force De current ye | | | | | (a) | | | | | | | | |
| | ridual Credit Life I | nsurance p | orior year \$ | | , C | current | year \$ | | | | | 1 | |
| | | | ns less than or eq | | | | | | | | ırrent year \$ | | |
| Loans greate | r than 60 months | at issue Bi | JT NOT GREATE | :R THAN 1 | 20 MONTHS | s, prior | r year \$ | | | , Cl | ırrent year \$ | | |
| | | | A | CCIDE | NT AND | HE/ | ALTH II | NSU | | | | | |
| | | | | l | 1 | | 2 | | | 3 Is Paid Or | 4 | | 5 |
| | | | | l | | Dir | ect Premi | ums | | On Direct | | | Direct Losses |
| 04 0 | olioioo /b\ | | | Direct P | remiums | | Earned | | Bus | iness | Direct Losses | Paid | Incurred |
| | olicies (b) Employees Health | | | | | | | | † | | | | |
| premiur | n (b) | | | } | | ļ | | | | | | | |
| 24.2 Credit (C | Group and Individu | ıal) | | [| | | | | | | | | |
| | ely renewable pol e Title XVIII exem | | | | | l | | | | | | | |
| | dividual Policies: | J J.a. | | | | İ | | | t | | | | |
| 25.1 Non-can | celable (b) | | | | | | | | | | | | |
| | eed renewable (b) | | | | - | | | | | | | | |
| | ewable for stated cident only | | * ` ' | 1 | | | - 13 - 7 | \ <u>_</u> | | | | | |
| | (b) | | | . 75 | | | | T | | | | ···· | |
| , | um of Lines 25.1 | , | i i | | | | | | | | | | |
| I 26. Totals (L | ines 24 + 24.1 + 2 | 24 2 + 24 3 | + 24.4 + 25.6) | ı | | l | | | Ì | | 1 | | |

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..... and number of persons

(b) For health business on indicated lines report: Number of persons insured under PPO managed care products



| DIRECT BUSINESS IN THE STATE OF West Virg NAIC Group Code 0119 | yına | L | IFE IN | NSURA | ANCE | Ξ | | | | YEAR 2017 by Code 60052 |
|---|------------------|---------------|--------------|------------------|------------|----------|-------------------------|----------------|----------|----------------------------|
| DIRECT PREMIUMS | | 1 | | 2 lit Life (G | | | 3 | 4 | Compan | 5 |
| AND ANNUITY CONSIDERATIONS | | inary | | d Individu | | Gre | oup | Industria | ıl | Total |
| Life insurance | | | | | | | | | | |
| Deposit-type contract funds | | | | XXX | | | | XXX | | |
| Other considerations Totals (Sum of Lines 1 to 4) | | | | | | | | | | |
| DIRECT DIVIDENDS TO POLICYHOLDERS | | | | | | | | | | |
| Life insurance: | | | | | | | | | | |
| 6.1 Paid in cash or left on deposit 6.2 Applied to pay renewal premiums | | | | | | | | | | |
| 6.3 Applied to provide paid-up additions or shorten | | | | | | | | | | |
| the endowment or premium-paying period 6.4 Other | | | | | | | | | | |
| 6.5 Totals (sum of Line 6.1 to 6.4) | | | | | | | | | | |
| Annuities: 7.1 Paid in cash or left on deposit | | | | | | | | | | |
| 7.2 Applied to provide paid-up annuities | | | | | | | | | | |
| 7.3 Other | - | | | | | | | | | |
| 8. Grand Totals (Lines 6.5 plus 7.4) | | | | | | | | | | |
| DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits | | | | I | W | | | | | |
| 10. Matured endowments | | | | | | | | † | | |
| Annuity benefits Surrender values and withdrawals for life contracts. | | | | | | | | | | |
| 13. Aggregate write-ins for miscellaneous direct claims | | | † | | | | | † | t | |
| and benefits paid | | | | | | | | | | |
| 15. Totals | | | <u> </u> | | | | | | | |
| DETAILS OF WRITE-INS | | | | | | | | | | |
| 1301 1302 | | | | | | | | | | |
| 1303 | | | | | | | | | | |
| 1398. Summary of Line 13 from overflow page | | | | | | | | | | |
| above) | | | | | | | | | | |
| Outline | | Credit Life | N | | 0 | _ | | ا د استور داد | | Tatal |
| Ordinary | 3 | p and Individ | uai) | 5 | Group | 6 | 7 | idustrial 8 | 9 | Total 10 |
| BENEFITS AND MATURED | No. of Ind.Pols. | | | | | | | | | |
| ENDOWMENTS | & Gr. | | | No. of | | | | | | |
| INCURRED No. Amount 16. Unpaid December 31, prior | Certifs. | Amou | nt | Certifs. | A | mount | No. | Amount | No. | Amount |
| year | | | | | | | | | | |
| Settled during current year: | | | | | | | 1 | | | |
| 18.1 By payment in full | | | | | | | | | | |
| compromised claims | | | | | | | | | | |
| 18.3 Totals paid | | | | | | | | | | |
| compromise | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | |
| 19. Unpaid Dec. 31, current | | | | | 7 " | | | | | |
| year (16+17-18.6) | | | | . of | | | | | | |
| POLICY EXHIBIT 20. In force December 31, prior | _ | | - | Policies | | | | | | |
| year | | .(a) | | | <u> </u> | | | | | |
| Issued during year | | | | | | | | | | |
| (Net) | | <u></u> | | | <u> </u> | | | | | |
| 23. In force December 31 of current year | | (a) | | | | | | | | |
| (a) Includes Individual Credit Life Insurance prior year \$ Includes Group Credit Life Insurance Loans less than or | | | | | | | | want vaar ¢ | | |
| Loans greater than 60 months at issue BUT NOT GREA | • | | | | | | , cui , cui | - | | |
| | ACCIDE | ΝΤ ΔΝΩ | HFΔ | I TH I | NSUE | RANCE | | | | |
| | 1 | 1 | | 2 | | ; | 3 | 4 | | 5 |
| | | | Dire | ct Premiu | ums | | ls Paid Or On Direct | | | Direct Losses |
| O4 Crown Policies /h) | | remiums | | Earned | | Busi | iness | Direct Losses | s Paid | Incurred |
| Group Policies (b) 24.1 Federal Employees Health Benefits Plan | | | | | | | | | | |
| premium (b) | | | | | | <u> </u> | | | | |
| 24.3 Collectively renewable policies (b) | | | ! | | | | | | | |
| 24.4 Medicare Title XVIII exempt from state taxes or fees Other Individual Policies: | 5 | | | | | <u> </u> | | <u> </u> | | |
| 25.1 Non-cancelable (b) | | | | | | | | | | |
| 25.2 Guaranteed renewable (b) | | | 1 | | | | | | T | |
| 25.3 Non-renewable for stated reasons only (b) | | | - 3 | 17 | \- <u></u> | | | | | |
| 25.5 All other (b) | | | | | 7 | | | <u> </u> | | |
| 25.6 Totals (sum of Lines 25.1 to 25.5) |) | | | | | | | | | |
| (b) For health business on indicated lines report: Numb | | insured unde | er PPO | manageo | d care p | roducts | | and | d number | of persons |



| DIRECT BUSINESS IN THE NAIC Group Code 0119 | STATE C | F Wisconsin | | L | IFE II | NSUR <i>A</i> | ANCE | ≣ | | _ | | 'EAR 2017 Code 60052 |
|--|---------------|------------------|-------------------|-------------|-----------|----------------------------------|-------------|----------|-----------------|----------------------------------|---------|-------------------------|
| · | PREMIUMS | | | 1 inary | Cre | 2 dit Life (Gi nd Individu | roup | ; | 3 oup | 4 Industria | | 5 Total |
| Life insurance | | | | | | | | | | | | |
| Annuity considerations | | | | | | | | | | | | |
| Deposit-type contract functions Other considerations | | I I | | | | | | | | | | |
| 5. Totals (Sum of Lines 1 to | 4) | | | | | | | | | | | |
| DIRECT DIVIDENDS | | YHOLDERS | | | | | | | | | | |
| Life insurance: | | | | | | | | | | | | |
| 6.1 Paid in cash or left on 6.2 Applied to pay renewa | deposit | | | | | | | | | | | |
| 6.3 Applied to provide pai | d-up addition | ons or shorten | | | | | | | | | | |
| the endowment or pre | emium-payi | ng period | | | | | | | | | | |
| 6.4 Other 6.5 Totals (sum of Line 6. | | | | | | | | | | | | |
| Annuities: | 1 10 0.1/ | | | | | | | | | | | |
| 7.1 Paid in cash or left on | | | | | | | | | | | | |
| 7.2 Applied to provide paid | | | | | | | | | | | | |
| 7.3 Other 7.4 Totals (sum of Lines 7 | | | · | | | | | | | | | |
| 8. Grand Totals (Lines 6.5 p | , | | | | | | | | | | | |
| DIRECT CLAIMS A | | | 71 | | | | | | | | | |
| 9. Death benefits | | | | | <i>J.</i> | | \ | | | | | |
| Matured endowments Annuity benefits | | i i | | | | | | | | | | |
| 12. Surrender values and with | | | | | | | | | | | | |
| 13. Aggregate write-ins for mi | scellaneou | s direct claims | | | | | | | | | | |
| and benefits paid | | | | | | | | | | | | |
| 15. Totals | aooiutiil dii | | | | | | | | | | | |
| DETAILS OF WRITE-INS | | | | | | | | | | | | |
| 1301. | | | | | | | | | | | | |
| 1302. | | | | | | | | | | | | |
| 1303 1398. Summary of Line 13 from | overflow pa | age | | | | | | | | | | |
| 1399. Totals (Lines 1301 thru 13 | | | | | | | | | | | | |
| above) | | | | | | | | | | | | |
| | | | | Credit Life | | | _ | | | | | |
| DIRECT DEATH | 1 | Ordinary 2 | (Group | and Individ | lual) | 5 | Group | 6 6 | 7 | Industrial 8 | 9 | Total 10 |
| BENEFITS AND | ' | 2 | No. of | | | | | U | , | 0 | 3 | 10 |
| MATURED ENDOWMENTS | | | Ind.Pols. | | | NIf | | | | | | |
| INCURRED | No. | Amount | & Gr. Certifs. | Amou | nt | No. of Certifs. | Α | mount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior | | | | | | | | | | | | |
| year17. Incurred during current year | | | | | | | | | | | | |
| Settled during current year: | | | | | | | | | | | | |
| 18.1 By payment in full | | | | | | | | | | | | |
| 18.2 By payment on compromised claims. | | | | | | | | | | | | |
| 18.3 Totals paid | | | | | | | | | | | | |
| 18.4 Reduction by | | _ | _ | | | _ | _ | | | | | |
| compromise 18.5 Amount rejected | | | \ | | | | | | | | | |
| 18.6 Total settlements | - | ` | | | | 7.7 | | | | | | |
| 19. Unpaid Dec. 31, current | | | | | | | | | | | | |
| year (16+17-18.6) | | | | | | of | | | | | | |
| POLICY EXHIBIT | | _ | _ | | | Policies | | | | | | |
| 20. In force December 31, prior | | | | (3) | | | | | | | | |
| year21. Issued during year | | | | (a) | | İ | | | † | | | |
| 22. Other changes to in force | | | | | | | | | | | | |
| (Net)23. In force December 31 of | | | | | | t | | | | | | |
| current year | | | | (a) | | | | | | | | |
| (a) Includes Individual Credit Life | | | | , (| | • | | | | | | |
| Includes Group Credit Life Inst Loans greater than 60 months | | | | | | | | | | urrent year \$ urrent year \$ | | |
| _oa groater than ou months | | | | | • | | | | , U | συαι ψ | | |
| | | A | | NT AND | HEA | ALTH IN | NSUF | | 3 | | Т | 5 |
| | | | | 1 | | 2 | | | ਤ ls Paid Or | 4 | | Э |
| | | | D: :- | | Dire | ect Premiu | ıms | Credited | On Direct | | - D-: . | Direct Losses |
| 24. Group Policies (b) | | | Direct P | remiums | | Earned | | Busi | iness | Direct Losse | s Paid | Incurred |
| 24.1 Federal Employees Healt | h Benefits F | Plan | | | <u> </u> | | | | | 1 | | |
| premium (b) | | | | | | | | | | | | |
| 24.2 Credit (Group and Individual24.3 Collectively renewable po | | | | | | | | | | | | |
| 24.4 Medicare Title XVIII exem | | | | | | | | | | | | |
| Other Individual Policies: | | | . — | _ | | _ | _ | | _ | | [| |
| 25.1 Non-cancelable (b) | | | \ - | | | | | | | | | |
| 25.2 Guaranteed renewable (b 25.3 Non-renewable for stated | , | | | | | | | | | | | |
| 25.4 Other accident only | | | 75 | | الا | 17 | | | | | <u></u> | |
| 25.5 All other (b) | | | | | | | U | | | | | |
| | | | | | | | | | | | | |
| 25.6 Totals (sum of Lines 25.1 | | | | | f | | | | | | | |
| 25.6 Totals (sum of Lines 25.1 26. Totals (Lines 24 + 24.1 + (b) For health business on indi | 24.2 + 24.3 | 3 + 24.4 + 25.6) | | | | | | | | an | | |



SUPPLEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

| DIRECT BUSINESS IN THE S NAIC Group Code 0119 | STATE O | ı vvyonning | | LI | IFE II | NSURA | NCE | | | DURI NAIC | Company | Code 60052 |
|---|--|--|---------------------------|------------------------------|------------------------------------|----------------------------------|---------|--------------------------|------------------------------|-----------------|---------|--------------------------|
| AND ANNUITY C | | ATIONS | Ord | 1 inary | | 2 dit Life (Gr d Individua | | | 3 oup | 4 Industria | al | 5 Total |
| Life insurance Annuity considerations | | | | | | | | | | | | |
| Deposit-type contract fund | | | | | | XXX | | | | | | |
| Other considerations Totals (Sum of Lines 1 to 4 | | | | | | | | | | | | |
| DIRECT DIVIDENDS | | YHOLDERS | | | | | | | | | | |
| Life insurance: | | | | | | | | | | | | |
| 6.1 Paid in cash or left on 6.2 Applied to pay renewal | | | | | | | | | | | | |
| 6.3 Applied to provide paid | d-up additio | ns or shorten | | | | | | | | | | |
| the endowment or pre 6.4 Other | mium-payin | ng period | | | | | | | | | | |
| 6.5 Totals (sum of Line 6.1 | | | | | | | | | | | | |
| Annuities: | -1 | | | | | | | | | | | |
| 7.1 Paid in cash or left on a 7.2 Applied to provide paid | | | | | | | | | | | | |
| 7.3 Other | | | \ . | | | | | | | | | |
| 7.4 Totals (sum of Lines 7.8. Grand Totals (Lines 6.5 pl | | | | | - | | | | | | | |
| DIRECT CLAIMS A | | TTS PAID | - 1 | | | | | | | | | |
| 9. Death benefits | | | | | J | | | | | | | |
| Matured endowments Annuity benefits | | | | | | | | | | | | |
| Surrender values and with | | | | | | | | | | | | |
| 13. Aggregate write-ins for mis | | | | | | | | | | | | |
| and benefits paid14. All other benefits, except a | | | | | | | | | | | | |
| 15. Totals | | | | | | | | | | | | |
| DETAILS OF WRITE-INS | | | | | | | | | | | | |
| 1302. | | | | | | | | | | | | |
| 1303 | | | | | | | | | | | | |
| 1398. Summary of Line 13 from 0 1399. Totals (Lines 1301 thru 13 | | | | | | | | | | | | |
| above) | | | | | | | | | | | | |
| | | | | Credit Life | | | _ | | | | | |
| DIRECT DEATH | 1 | Ordinary 2 | (Group | and Individ | dual) | 5 | Group | 6 | 7 | Industrial 8 | 9 | Total 10 |
| BENEFITS AND | | | No. of | | | | | | | | | |
| MATURED ENDOWMENTS | | | Ind.Pols. & Gr. | | | No. of | | | | | | |
| INCURRED 16. Unpaid December 31, prior | No. | Amount | Certifs. | Amour | nt | Certifs. | Α | mount | No. | Amount | No. | Amount |
| year | | | | | | | | | | | | |
| 17. Incurred during current year Settled during current year: | <u> </u> | | | | | | | | | | | |
| 18.1 By payment in full | | | | | | | | | | | | |
| 18.2 By payment on | | | | | | | | | | | | |
| compromised claims 18.3 Totals paid | | | | | | | | | | | | |
| 18.4 Reduction by compromise | | _ | | | | | | | | | | |
| COMBIDINISE | | | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | | | | | | | |
| 18.5 Amount rejected | | | | | | A | | | | | | |
| 18.5 Amount rejected | | | | | | N | | | | | | |
| 18.5 Amount rejected | | | | | | . of | | | | | | |
| 18.5 Amount rejected | | | | | | of Policies | | | | | | |
| 18.5 Amount rejected | | | V | (a) | | | | | | | | |
| 18.5 Amount rejected | | | V | (a) | | | | | | | | |
| 18.5 Amount rejected | | | | (a) | | | | | | | | |
| 18.5 Amount rejected | | | | (a)(a) | | | | | | | | |
| 18.5 Amount rejected | nsurance pi | | | (a), (| | Policies year \$ | | | | | | |
| 18.5 Amount rejected | nsurance pr | ns less than or ec | ual to 60 m | (a), conths at issi | ue, prio | Policies year \$ r year \$ | | | | urrent year \$ | | |
| 18.5 Amount rejected | nsurance pr | ns less than or ed JT NOT GREATE | ual to 60 m ER THAN 1 | (a), conths at issi | ue, prio S, prior | year \$ year \$ year \$ | | | | • | | |
| 18.5 Amount rejected | nsurance pr | ns less than or ed JT NOT GREATE | ual to 60 m ER THAN 1 | (a), conths at issi | ue, prio S, prior | year \$ year \$ year \$ | | RANCE | 3 | urrent year \$ | | 5 |
| 18.5 Amount rejected | nsurance pr | ns less than or ed JT NOT GREATE | ual to 60 m ER THAN 1 | (a), conths at issi | ue, prio S, prior HEA | year \$ year \$ year \$ year \$ | ISUF | RANCE Dividend | , c | urrent year \$ | | - |
| 18.5 Amount rejected | nsurance pi urance Loan at issue BU | ns less than or ed JT NOT GREATE | ual to 60 m ER THAN 1. | (a), conths at issi | ue, prio S, prior HEA | year \$ r year \$ year \$ | ISUF | PANCE Dividence Credited | 3 | urrent year \$ | s Paid | 5 Direct Losses Incurred |
| 18.5 Amount rejected | nsurance pr urance Loan at issue BU | ns less than or ec JT NOT GREATE A | ual to 60 m ER THAN 1. | (a) (bonths at issing MONTHS | ue, prio S, prior HEA | year \$ year \$ year \$ LTH IN 2 | ISUF | PANCE Dividence Credited | 3 ds Paid Or On Direct | urrent year \$ | s Paid | Direct Losses |
| 18.5 Amount rejected | nsurance pi irance Loan at issue BU | ns less than or ec JT NOT GREATE A | ual to 60 m ER THAN 1. | (a) (bonths at issing MONTHS | ue, prio S, prior HEA | year \$ year \$ year \$ LTH IN 2 | ISUF | PANCE Dividence Credited | 3 ds Paid Or On Direct | urrent year \$ | s Paid | Direct Losses |
| 18.5 Amount rejected | nsurance pi irance Loan at issue BU | ns less than or ecular NOT GREATE | ual to 60 m ER THAN 1. | (a) (bonths at issing MONTHS | ue, prio S, prior HEA | year \$ year \$ year \$ LTH IN 2 | ISUF | PANCE Dividence Credited | 3 ds Paid Or On Direct | urrent year \$ | s Paid | Direct Losses |
| 18.5 Amount rejected | nsurance programmer pr | Is less than or ec IT NOT GREATE A | ual to 60 m ER THAN 1. | (a) (bonths at issing MONTHS | ue, prio S, prior HEA | year \$ year \$ year \$ LTH IN 2 | ISUF | PANCE Dividence Credited | 3 ds Paid Or On Direct | urrent year \$ | s Paid | Direct Losses |
| 18.5 Amount rejected | nsurance programmer pr | Is less than or ec IT NOT GREATE A | ual to 60 m ER THAN 1. | (a) (bonths at issing MONTHS | ue, prio S, prior HEA | year \$ year \$ year \$ LTH IN 2 | ISUF | PANCE Dividence Credited | 3 ds Paid Or On Direct | urrent year \$ | s Paid | Direct Losses |
| 18.5 Amount rejected | nsurance prurance Loan at issue BU | Is less than or ec IT NOT GREATE A | ual to 60 m ER THAN 1. | (a) (bonths at issing MONTHS | ue, prio S, prior HEA | year \$ year \$ year \$ LTH IN 2 | ISUF | PANCE Dividence Credited | 3 ds Paid Or On Direct | urrent year \$ | s Paid | Direct Losses |
| 18.5 Amount rejected | nsurance prurance Loan at issue BU | Plan e taxes or fees | ual to 60 m ER THAN 1. | (a) (bonths at issing MONTHS | ue, prio S, prior HEA | year \$ year \$ year \$ LTH IN 2 | ISUF | PANCE Dividence Credited | 3 ds Paid Or On Direct | urrent year \$ | s Paid | Direct Losses |
| 18.5 Amount rejected | nsurance prurance Loan at issue BU | e taxes or fees | ual to 60 m ER THAN 1. | (a) (bonths at issing MONTHS | ue, prio S, prior HEA | year \$ year \$ year \$ LTH IN 2 | ISUF | PANCE Dividence Credited | 3 ds Paid Or On Direct | urrent year \$ | s Paid | Direct Losses |
| 18.5 Amount rejected | nsurance purance Loan at issue BU | e taxes or fees | ual to 60 m ER THAN 1. | (a) (bonths at issing MONTHS | ue, prio S, prior HEA | year \$ year \$ year \$ LTH IN 2 | ISUF | PANCE Dividence Credited | 3 ds Paid Or On Direct | urrent year \$ | s Paid | Direct Losses |
| 18.5 Amount rejected | nsurance purance Loan at issue BU sicies (b) | e taxes or fees | ual to 60 m ER THAN 1. | (a) (bonths at issing MONTHS | ue, prio S, prior HEA | year \$ year \$ year \$ LTH IN 2 | ISUF | PANCE Dividence Credited | 3 ds Paid Or On Direct | urrent year \$ | s Paid | Direct Losses |

LS206.WY



SUPPLEMENT FOR THE YEAR 2017 OF THE Humana Benefit Plan of Illinois Inc.

DIRECT BUSINESS IN THE STATE OF Grand Total

DURING THE YEAR 2017

| | Group Code 0119 | L | IFE INSURANCE | NAIC Compar | NAIC Company Code 60052 | | |
|------------|--|---------------|--|-------------|-------------------------|------------|--|
| | DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS | 1 Ordinary | 2 Credit Life (Group and Individual) | 3 Group | 4 Industrial | 5 Total | |
| 1. | Life insurance | 0 | 0 | 0 | 0 | 0 | |
| 2. | Annuity considerations | 0 | 0 | 0 | 0 | 0 | |
| 3. | Deposit-type contract funds | 0 | XXX | 0 | XXX | 0 | |
| 4. | Other considerations | 0 | 0 | 0 | 0 | 0 | |
| 5. | Totals (Sum of Lines 1 to 4) | 0 | 0 | 0 | 0 | 0 | |
| | DIRECT DIVIDENDS TO POLICYHOLDERS Life insurance: 6.1 Paid in cash or left on deposit | 0 | 0 | 0 | 0 | 0 | |
| | | 0 | ۰ | | | ٥٠٠٠ | |
| | 6.3 Applied to provide paid-up additions or shorten the endowment or premium-paying period | 0 | 0 | 0 | 0 | 0 | |
| | 6.4 Other | 0 | 0 | 0 | 0 | 0 | |
| | 6.5 Totals (sum of Line 6.1 to 6.4) | 0 | 0 | 0 | 0 | 0 | |
| | 7.1 Paid in cash or left on deposit | | 0 | 0 | 0 | 0 | |
| | 7.2 Applied to provide paid-up annuities | | 0 | 0 | 0 | 0 | |
| | 7.3 Other | | 0 | 0 | 0 | 0 | |
| | 7.4 Totals (sum of Lines 7.1 to 7.3) | 0 | 0 | 0 | 0 | 0 | |
| 8. | Grand Totals (Lines 6.5 plus 7.4) | 0 | 0 | 0 | 0 | 0 | |
| _ | DIRECT CLAIMS AND BENEFITS PAID | _ | | _ | | _ | |
| 9. | | 0 | 0 | 0 | 0 | 0 | |
| 10. | Matured endowments | 0 | 0 | 0 | 0 | 0 | |
| 11. | Annuity benefits | 0 | L0 L | | | 0 | |
| 12. 13. | Aggregate write-ins for miscellaneous direct claims and benefits paid | 0 | 0 | | | 0 | |
| 14 | All other benefits, except accident and health | 0 | 0 | 0 | | 0 | |
| | Totals | 0 | 0 | 0 | 0 | 0 | |
| | DETAILS OF WRITE-INS | | | | | | |
| 1301. | 217420 01 WHITE INC | | | | | | |
| 1302. | | | | | | | |
| 1303. | | | | | | | |
| | Summary of Line 13 from overflow page | | 0 | 0 | 0 | 0 | |
| | Totals (Lines 1301 thru 1303 plus 1398) (Line 13 above) | 0 | 0 | 0 | 0 | 0 | |

| | | | | Credit Life | | | | | | |
|---|-----|----------|-----------|-----------------|----------|--------|-----|------------|-----|--------|
| | (| Ordinary | (Grou | and Individual) | | Group | | Industrial | | Total |
| DIRECT DEATH | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| BENEFITS AND | | | No. of | | | | | | | |
| MATURED | | | Ind.Pols. | | | | | | | |
| ENDOWMENTS | | | & Gr. | | No. of | | | | | |
| INCURRED | No. | Amount | Certifs. | Amount | Certifs. | Amount | No. | Amount | No. | Amount |
| 16. Unpaid December 31, prior | _ | _ | | _ | _ | _ | _ | _ | _ | _ |
| year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 17. Incurred during current year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Settled during current year: | | | | | | | | | | |
| 18.1 By payment in full | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.2 By payment on | | | | | | | | | | |
| compromised claims | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.3 Totals paid | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.4 Reduction by | | | | | | | | | | |
| compromise | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.5 Amount rejected | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 18.6 Total settlements | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 19. Unpaid Dec. 31, current | | | | | | | | | | |
| year (16+17-18.6) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| , | | | | | No. of | | | | | |
| POLICY EXHIBIT | | | | | Policies | | | | | |
| 20. In force December 31, prior | | | | | | | | | | |
| year | 0 | 0 | 0 | (a)0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 21. Issued during year | Ω | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 22. Other changes to in force | | | | | | | | | | |
| (Net) | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 23. In force December 31 of | | | | | | | | | | |
| current year | 0 | 0 | 0 | (a) 0 | 0 | 0 | 0 | 0 | 0 | 0 |

ACCIDENT AND HEALTH INSURANCE

| | | 1 | 2 | 3 | 4 | 5 |
|------|--|-----------------|-----------------|--------------------|--------------------|---------------|
| | | | | Dividends Paid Or | | |
| | | | Direct Premiums | Credited On Direct | | Direct Losses |
| | | Direct Premiums | Earned | Business | Direct Losses Paid | Incurred |
| 24. | Group Policies (b) | 0 | 0 | 0 | 0 | 0 |
| 24.1 | Federal Employees Health Benefits Plan premium (b) | 0 | 0 | 0 | 0 | 0 |
| 24.2 | Credit (Group and Individual) | 0 | 0 | 0 | 0 | 0 |
| 24.3 | Collectively renewable policies (b) | 0 | 0 | 0 | 0 | 0 |
| 24.4 | Medicare Title XVIII exempt from state taxes or fees | 0 | 0 | 0 | 0 | 0 |
| | Other Individual Policies: | | | | | |
| 25.1 | Non-cancelable (b) | 0 | 0 | 0 | 0 | 0 |
| 25.2 | Guaranteed renewable (b) | 0 | 0 | 0 | 0 | 0 |
| 25.3 | Non-renewable for stated reasons only (b) | 0 | 0 | 0 | 0 | 0 |
| 25.4 | Other accident only | 0 | 0 | 0 | 0 | 0 |
| 25.5 | All other (b) | 0 | 0 | 0 | 0 | 0 |
| 25.6 | Totals (sum of Lines 25.1 to 25.5) | 0 | 0 | 0 | 0 | 0 |
| 26. | Totals (Lines 24 + 24.1 + 24.2 + 24.3 + 24.4 + 25.6) | 0 | 0 | 0 | 0 | 0 |

ALPHABETICAL INDEX

ANNUAL STATEMENT BLANK

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|--|------|
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